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ORIGINAL COMMUNICATIONS.

A series of Cases illustrative of some new views upon the Pathology and Treatment of Epidemic Dysentery. By O. Bailey, M. D., of Lancaster Co., Pennsylvania.

The ordinarily fatal character of this disease throughout this section of country, under the common course of treatment, and the frequency with which it is preceded by, alternated with, or followed by acute rheumatism, has induced the writer to adopt some peculiar views with regard to it. From these he has been led to apply a corresponding treatment, which having been to a great degree successful with himself and his professional friends around, determines him to offer it to the consideration of the profession, and the test of a more extensive experience.

Many circumstances appear as evidence that epidemic dysentery, like acute rheumatism, is the result of spinal irritation, the termination of which in inflammation being the cause of its fatality. To this spinal irritation in dysentery, is added a peculiar dry harsh condition of skin, which probably determines the abdominal character of the affection, and adds to the rapid development of the irritation. Under such conditions, the antiphlogistic and revulsive agency of cupping over the spine, and the action of some diaphoretic, would be the appropriate means to be used in the treatment. The following notes exhibit some comparative results—comparing this with the methods commonly pursued in the treatment.

Of 42 cases treated in the ordinary manner, (by calomel, opium and ipecac.) occurring in the vicinity of Andrew's Bridge, during the summer and autumn of 1842-3, 18 died and 24 recovered.

Say 23 adults.	8 of whom died,	15 recovered.
19 under 10 years,	10 " "	9 "
42	18	24

Average time in those dying, $8\frac{1}{3}$ days.
" " recovering, 13 days.

In 1844, between July 28 and Aug. 10, there first occurred 5 cases, which were treated in a similar manner; 3 were under, and 2 over 10 years of age; 4 died and one recovered. Average time in those dying, $6\frac{1}{2}$ days; the single recovery taking place in 7 days. Remarkable emaciation, with rigidity and contraction of the abdomen in those who died.

The 6th case occurring under the writer's notice during this year, was the father of three of those who died. The same symptoms were observed, and similar treatment pursued for three days without any apparent advantage, the patient being more debilitated, with a contracted and rigid abdomen. The injections of warm water which had been recommended were abandoned, in consequence of the irritability of the rectum.

On the fourth day, at 11 o'clock, 6 cups, (that being as many as could be borne,) were applied near the spine, and an infusion of thoroughwort (Eupatorium perfoliatum,) was directed to be given freely.

At 7 o'clock P.M., the patient had been up only three times since the cupping, and the discharges were now more like those of ordinary diarrhœa. Complained of soreness over the abdomen. The cups were reapplied over the same scarifications, the blood flowing more freely than at first, and the infusion to be continued, adding warm water injections, which can now be borne.

Fifth day, at 10 o'clock. Had been up but once since last visit, and complained only of soreness over the abdomen, with pain and slight tumefaction of the left wrist. Applied three cups over the origin of the brachial nerves. This relieved the wrist, and the soreness of the abdomen passed off after a short time.

Case 7th.—Aug. 17th. Mr. C., a friend and pupil of the writer, who had accompanied him in his visits to the above mentioned patients, was taken in the morning with symptoms of the disease. These increased towards evening, the pain and tenesmus being severe, and the calls to stool frequent. At this time he was seized with a chill, followed by uneasiness in the back and limbs.

Determined in this case to abandon entirely the use of opium and purgatives, as these appeared to have otherwise than a beneficial effect.

Jugs of warm water were applied to the feet, and the infusion of the eupatorium given as warm as it could be taken. In a few minutes all chilliness had disappeared and a free perspiration established. The administration of fifteen grains of ipecac. now produced free emesis, and a slight remission of the distressing symptoms. At 12 o'clock at night, however, the patient was much worse than in the evening, the tenesmus and calls to stool having increased, and being accompanied by considerable fever.

Venesection to f℥xij.

In the morning of the second day, there being no abatement of symptoms, 6 or 7 cups were applied over the spine, extending from the inferior cervical vertebra to the sacrum, and taking 5 or 6 oz. of blood. The infusion was again resumed. Subsequent to this there was but one dysenteric discharge. In five or six hours after the cupping an enemata of tepid water was administered. This produced a free evacuation of the bowels, after which all traces of dysentery had disappeared.

Case 8th.—Mrs. R., mother of one of the children mentioned as having died. Was attacked in a milder manner,—refused to submit to cupping, and was therefore treated by injections and the infusion of eupatorium. Recovery in twenty days.

Case 9th.—Aug. 20. Mr. R. Visited 12 hours after the attack, by the writer's son, Dr. E. J. Bailey. Recovered after the first application of cups.

Case 10th.—Oct. 1st. Seen also by Dr. E. J. Bailey, on the fourth day after the attack. The termina and tenesmus were relieved by the first application of cups, leaving only a soreness of the abdomen, with a mild diarrhœa for two or three days.

Case 11th.—Miss C., a lady of delicate constitution, was attacked with pain in the back, followed in a short time by pain, redness and swelling of the ankles, knees, wrists and elbows in succession. For this she was bled from the arm to f℥x. and had ten cups applied over the spine. From this treatment she experienced relief in a great measure, the bowels being open, and the skin covered with perspiration. This improved condition was continued until the second day after the treatment, without any thing further being done. On the morning of the third day, after having passed a restless night in consequence of pains in the lower extremities, she became easier, and fell asleep in her

chair. Being suddenly aroused by a noise, she felt the pains much aggravated, accompanied by a prickling or tingling sensation in the extremities. These subsided in half an hour, and left her quite free from pain. She then, for the first time, experienced an uneasy sensation in her bowels, with an inclination to remain longer than usual at stool. Later in the day, the tormina and tenesmus were constant and distressing, the bloody mucus coming away in drops.

Ten cups were applied in the region of the spine, commencing at the inferior cervical vertebra and extending to the sacrum, nine or ten ounces of blood being taken by them. The infusion of thoroughwort was given freely, as warm as it could be taken, and an injection of tepid water. After these she remained quiet until the next morning, when her bowels were moved gently, and not a trace of dysentery remained.

To these the following case of singular changing may be added.

Mr. D., æt. 60, was attacked by pleuritis on the 24th of December, confining him to bed for six or seven days. When he had so far recovered as to sit up and walk about his chamber, he felt an uneasy sensation in the region of his heart, accompanied by dyspnœa and intermittent palpitations. These in a short time were followed by a numb pricking sensation and loss of motion in the right arm and leg, with slight tumefaction and pain in the ankle and wrist. These again were succeeded by small and frequent discharges of bloody mucus from the bowels. These had previously been in a free and healthy condition, and no drastic cathartics had been used.

The particulars of the following cases have been kindly furnished to the writer by his friend, Dr. A. V. B. Orr, of Cooperville, having been treated in accordance with the new views upon the subject.

Case 12th.—Aug. 22, 1844. Was called, says Dr. Orr, to visit E. H.; æt. 20; miller by trade. Had been attacked two days previously, and presented at the time of visit the following symptoms: Pulse 100, full and bounding; tongue intensely red at the tip and edges, bearing a yellow fur in the centre; some nausea; constant pain in the abdomen, unusually severe, and increased whilst at stool, to which he was obliged to rise every 15 or 20 minutes. These stools were very fœtid, and were composed of blood and mucus, or small quantities of blood alone; patient could scarcely be induced to leave the close stool, and when in bed was very restless from the great pain. The skin was constantly harsh and dry. Upon examination of the spine, a slight degree of tenderness was detected about the usual place

by *pretty firm pressure.* With some difficulty four cups were applied to the spine, taking four or five ounces of blood. The pain now abated, and in the course of an hour the skin became moist. Directed five grains of Dover's powder to be given every third hour, with an ounce of olive oil, and twenty drops of tincture of opium at bed time.

On the 4th day, found the patient had rested tolerably well; pulse not so frequent, and softer; tongue less coated; no return of pain since the cupping; only three stools since, with but little blood; skin continues moist; soreness over the abdomen.

Directed fomentations to the abdomen, with olive oil at bed time as before, omitting the powders.

On the 5th day, found the patient sitting up. Tongue cleaning; slight tenderness over the abdomen, with gentle diarrhœa. This latter continued for a few days, after which the patient attended to his business as usual.

I feel perfectly safe in saying that I have seen several cases where stronger men, labouring, apparently, under less severe forms of the disease, have died in eight days under the usual treatment.

Case 13th.—Aug. 28. Was called to visit J. C., æt. 40; found he had laboured under dysentery for four days. Pulse 90, small and irritable; tongue clean and glazed; stools frequent and scanty, consisting principally of blood; pain constant, but not so severe as in the last case; great prostration and emaciation, with giddiness and a tendency to syncope whilst on the close stool.

Applied four cups to the spine, with fomentations to the abdomen, and gave an enema of one pint of starch with half drachm of tincture of opium.

On the 6th day of the attack, found the symptoms much abated. Directed two additional cups to the spine, with a powder consisting of five grains of Dover's powder with one grain of acetate of lead, to be given every third hour for 12 hours, and half an ounce of olive oil at bed time, continuing the fomentations.

On the 7th day, patient had passed a good night. Pulse soft and more full; tongue moist; pain slight; had but three stools since last visit; skin moist through the night; still some soreness over the abdomen.

Directed mustard cataplasm to the abdomen, and olive oil at bed time as before.

The patient recovered rapidly without further treatment, except the olive oil, which was continued for a few evenings.

In this case, as indeed in all the cases wherein I have used the cups, the pain has abated immediately, and never again returned with the same intensity; sometimes, however, requiring to be

repeated in cases when the disease had been of some days standing.

Case 14th.—Was called to G. W., æt 20. Found he had been under Thompsonian treatment for two or three days, and that the disease, from an ordinary diarrhœa, had degenerated into dysentery, probably from the irritating nature of the treatment used. Pulse 90, full and tolerably hard; tongue clean, but very red; skin dry; pain severe; stools frequent, consisting of small quantities of bloody mucus.

Six cups were applied to the spine, and an ounce of olive oil directed to be given at bed time.

The following day he was sitting up, and a repetition of the olive oil was alone necessary to perfect the cure.

I feel perfectly satisfied that there is more mischief done in dysentery by cathartics than in almost any other disease. I have found the *very mildest* alone admissible, and indeed, have frequently seen mischief arise from the use even of castor oil. From these reasons I have of late used the olive alone, and find it preferable to any other.

Case 15th.—Sept. 8th. Was called to W. H., æt. 15. Had been sick since the preceding day, but was still able to sit up. Pulse nearly natural; tongue red at the tip and edges, covered in the centre with a white fur; stools hourly, accompanied with pain, the matters voided being watery and tinged with blood; skin dry; breath offensive. Concluded to omit the cupping and watch the result. Directed three powders, each consisting of two grains of calomel and two of ipecac., with one grain of opium, to be given at intervals of four hours, and followed by half an ounce of olive oil.

On the 3d day of the attack, found the patient much as before, the stools being, however, less watery. Directed a continuance of the treatment.

On the 4th day. Pulse accelerated; tongue clean but very red; skin moist; stools as frequent but contain more blood, mixed with bilious matters, and very offensive; abdomen tender on pressure.

Substitute powders of five grains of Dover's powder with half grain of acetate of lead every third hour, for those before used; apply mustard to the abdomen and repeat the olive oil as before. This treatment was continued, without much change in the symptoms, until the morning of the sixth day, when I was called to visit the patient in haste. Found the symptoms of dysentery all gone, and in their stead a well marked case of rheumatism, the ankles and knees being swelled, red, and exquisitely painful, the legs

being flexed on the thighs, and the patient unable to extend them without producing the greatest pain. The sensibility was so great that he could not bear the clothes to be moved.

Applied six cups to the spine, and directed infusion of thoroughwort, with sulphur as a laxative.

On the 7th day, some abatement in the pain, but still unable to extend the legs.

Applied four additional cups, and directed the infusion continued.

On the 8th day, no pain in the joints, but much stiffness in the knees. Three cups to the spine, continuing the infusion and repeating the sulphur.

During the night the patient was seized with diarrhœa, which continued for a few days, no further inconvenience from the rheumatism being experienced, except a slight stiffness in the joints.

From the first accession of dysentery until the return to health, this patient never left his room, so that there was here a perfect transition from dysentery to rheumatism, without any appreciable cause, the two being quite distinct and each well marked.

The following case, although not one in which the cups were used, may serve to illustrate the pathological relations between dysentery and rheumatism.

March 20th, 1842. Was called to A. B., æt. 16. Complained of pain in the right knee with slight stiffness. Pulse 100, very hard; tongue slightly furred; bowels costive; skin dry. Has not received any injury of the part, but had been very wet from exposure during a shower two days before. Has had more or less pain in the part since, growing gradually worse.

Venesection from a large orifice to ʒx., the blood being buffy and cupped. The pulse became softer, but the pain was not affected by this bleeding.

Directed to take ten grains each of calomel and jalap, and to rub the part with a liniment of ammonia and tincture of opium. On the fourth day found the patient had slept more during the night, and that the bowels had been moved twice, but that the pain in the knee had increased, and some tumefaction had occurred, with slight redness extending above the joint. Pulse 90, compressible. Directed a blister to the joint, and a powder of two grains each of calomel and ipecac., with one and a quarter grains of opium, to be given every three hours for nine hours, to be followed by half an ounce of castor oil, at bed time.

On the 5th day, found the patient worse, the arm of the same side being now affected. Directed a consultation with my friend Dr. M. at four o'clock. At this time found the extremities of the other side implicated, and the skin covered with a cold moisture.

Determined to try a gentle ptyalism; and directed calomel, ipecac. and opium, every two hours, until this should supervene; with the application of mustard to the parts.

On the 6th day, found the gums affected, and therefore discontinued the calomel, etc.,—but little abatement of symptoms. Ordered half an ounce of castor oil, and the parts to be bathed with warm brandy.

On the 7th day, found the pain had been entirely translated to the bowels, the abdomen being very tender. Stools frequent, consisting of bloody mucus.

Directed a large blister to the abdomen, with enemata of starch and laudanum, to be repeated as occasion may require.

On the 8th day, found the blister and other measures had afforded no relief.

On the 10th day, the patient died, with all the symptoms of dysentery.

In this case the periods of disease were quite distinct, and the translation immediate, without apparent cause.

Case 16th.—I have now under my care, a patient æt. 18, in whom this translation took place several times before the cups were used. Four cups were at length applied to the spine, since which he is rapidly recovering.

I might give you several cases in which I believe I have cut off attacks of dysentery in 24 hours, but as there might be some doubt as to the true nature of the disease in these early stages, I purposely withhold them.

I was called during the past summer to visit J. P., æt. 60. He had laboured under dysentery for two or three days. Under the usual treatment, in a few days he appeared to get better, and no doubt of his final recovery was entertained, as the case was rather a mild one. He was, however, suddenly seized during the night with dyspnœa, palpitation of the heart, etc., the dysenteric symptoms immediately ceasing. His death occurred during the following day.

The subjoined communications from two other of the writer's esteemed friends, have been kindly sent him in answer to some inquiries relative to the disease as it has occurred in their practice.

February, 1845.

Dear Doctor,—Your enquiries with regard to dysentery, I take pleasure in answering, etc. It occurred to a considerable extent in my practice of last summer. The treatment which I employed in the main, consisted in bleeding, calomel and opium, followed, when much pain and tenderness continued, by cups

over the abdomen, in conjunction with such other remedial measures as are commonly employed by the profession. In a number of cases my attention was attracted to a painful and swelled state of the joints, occurring some four or five days after the disease gave way. I readily concluded that these cases were rheumatism, and, when they became subjects of attention, treated them as such. In several cases a most troublesome degree of tenesmus remained after the disease appeared relieved. These I found exceedingly difficult to manage. Temporary relief could always be obtained by some anodyne enemata; yet it was prone to return. Conversing with a friend upon the subject of the prevailing disease, he mentioned to me your recent views in regard to the primary cause of dysentery. The following day I determined, in accordance with those views, to try the effect of cupping over the lumbar region, in order to relieve this distressing tenesmus. Three cases presented themselves, and the result was a prompt and effectual cure. I was sorry your important opinions in reference to this disease had not come to my knowledge at an earlier date, as my opportunities for testing the efficacy of a treatment, which, in accordance with your theory, would seem most appropriate, were very numerous. The ordinary duration of dysentery was from 10 to 14 days; at least so far as regards those cases which came under my own observation.

With much esteem, I remain, yours truly,

D. H. Agnew.

To Dr. O. Bailey.

Oxford, February, 1845.

Dear Sir,—In reply to your inquiries respecting dysentery, I would state that during the summer and autumn of 1843, I had over 125 cases, many of which were of a decidedly congestive character. A number of these patients, as soon as they became convalescent, were seized with rheumatism, and many others complained of stiffness of the joints.

During the summer and autumn I had but 35 cases; 20 of these were affected as above by rheumatism. Some of those who had stiff joints accused me of having given them too much mercury, although ptyalism had not occurred. As, however, it passed off in three or four weeks at most, and they were not afterwards troubled by it, they became satisfied that it was not the effect of the medicine. Ptyalism was not excited in one of these cases.

Yours, etc., D. W. Hutchison.

To Obed Bailey, M. D.

Tabular view of the cases above referred to comparative of the peculiar treatments used.

47 cases treated by calomel, etc.,	22 died,	25 recovered.
10 cases treated by cupping, etc.,		all recovered.

A case of Anasarca and Ascites, depending on the pressure of a Tumour upon the large Blood Vessels. Reported by LAURENCE TURNBULL, M. D, Resident Physician of Blockley Hospital, Philadelphia.

Joseph Turner, negro, thirty-five years of age, entered the black Medical Wards of Blockley Hospital, May the 5th, 1845, labouring under anasarca and ascites; the dropsical effusion having taken place several months previous. He had been examined before he came in by a physician of one of our City Hospitals, who, from there being a small tumour over the upper portion of the sternum, with pain in the left arm, pronounced it to be a case of double subclavian aneurism. Upon an investigation and personal examination by Dr. Gerhard, one of the visiting physicians, his diagnosis was organic disease of the heart. There was great dulness on percussion, over the region of the heart, with slight alteration of its sounds, but no aneurismal thrill in the tumour. The usual remedies were resorted to for diminishing the momentum of the circulation, and to promote the activity of the various serous emunctories, by which the amount of fluid was diminished for a time; but toward the commencement of July it again increased, so as to prevent him from remaining in the recumbent position. The dyspnœa continued to increase rapidly, and he died on the 25th of July, at 5½ A. M.

Post Mortem.—A large amount of serous infiltration of the upper and lower extremities. Immediately under the soft parts, and over the sternum, lay a tumour, encephaloid in appearance, fibrous and scirrhous in its texture. The bone under it was softened and denuded of its periosteum, caused, probably, by a blow upon the bone of long standing.

Thorax.—On opening the thorax, we perceived that this tumour passed under the clavicles, over the top of, and beneath the sternum several inches, downwards, so far back, in fact, as to press upon the trachea and vessels generally of the parts. The jugular vein of the right side was distended with clotted blood, as well as the veins apparently of every part of the body. The heart was very slightly hypertrophied, and the lungs healthy, though the left was very small, not over one-third the natural size. Slight pleuritic attachments existed upon the left wall of the

thorax. In the pericardium was found about eight ounces of fluid, of a urine colour; in the pleural cavities a considerable quantity of similar fluid.

Upon a division of the cavas and arteries, in removing the thoracic viscera *en masse*, blood spirted from several of the divided vessels, overflowing the table. Immediately under the aorta lay a tumour, as large as a goose's egg, of the same nature as those previously mentioned, which, in addition to the latter, must necessarily have seriously interfered with the lungs and action of the blood vessels, especially the more passive and sluggish channels—the veins.

Abdomen.—The peritoneum contained several pints of limpid serum. The liver was congested, and the acini hypertrophied, but otherwise natural. The spleen was small and indurated. The kidneys were unusually firm in their texture.

Remarks.—1st. From the post mortem appearances I would draw the conclusion, that the pressure upon the lung, trachea, and bronchial tubes, by the tumour, and also the effused fluid, was the cause of the intense dyspnœa.

2d. That the pressure of the tumour caused obstruction to the returning blood in the cavas, distending them and inducing transudation of the watery portion of the blood into the surrounding cellular tissue.

3d. The inordinate action of the heart arose, probably, from the difficulty with which the circulating fluid was forced through these obstructions,—the aorta, subclavian and other arteries, from their engagement within these masses, being weakened in their activity, and therefore rendered less able to contend with the increasing opposition to the circulation.

[Although in the above case the tumour appears to have proceeded from the sternum, a strong analogy may be observed between it and the interesting class of cases to which the attention of the profession has been called by M. Gintrac and others, under the title of *intra-thoracic tumours*, a brief notice of which will be found in our Record, extracted from the eighty-fifth number of the Medico-Chirurgical Review, (July, 1845.)—Editor.]

CLINICAL LECTURES AND REPORTS.

PHILADELPHIA HOSPITAL.

Saturday, February 22, 1845.

LAST CLINIC OF THE COURSE OF PROFESSOR DUNGLISON.

Reported by Dr. Samuel G. White, of Georgia.

At the commencement of the lecture the Professor introduced the patient who had laboured under OBSTRUCTION AND SPASMODIC CONTRACTION OF THE BOWELS, from a narrowing of some portion of the tube.

Under the simple treatment ordered he has perfectly recovered and will be discharged. For some time, it will be necessary to observe caution in diet, to prevent the reaccumulation of fæcal matters, but further than this nothing will be required. The result of this case shows the great importance, in the treatment of disease, of inquiring into the pathological condition, and directing measures for its relief, rather than for that of its expressions.

Several cases of RHEUMATISM, which were under treatment, have also recovered. In each, the sulphate of quinia was freely administered, and to it the principal curative influence is to be ascribed. From the degree of excitement that existed, it became necessary in one case to conjoin topical depletion by cups; and three grains of opium, with eighteen of quinia, were given during the day. In another, as there was less activity, the opiate and quinia were alone demanded, without any depletion. The disease, in some of these cases, had continued for two weeks, but, without exception, the cases yielded to the remedies directed.

Professor Dunglison here repeated that he considered rheumatism to be largely neuropathic in its nature, and that in its treatment the nervous system should be boldly impressed. No article, he thinks, is better adapted for this than the sulphate of quinia, freely given, in combination or not, with opium, according to circumstances. Unless there is very great vascular activity, he believes it never necessary to have recourse to depletory measures.

The Professor here remarked, that two or three cases of PHTHISIS PULMONALIS had recently proceeded to a fatal termination, in which there was very little or no expectoration. It is possible that the matter, after being coughed up, was occasionally

swallowed, but undoubtedly very little was secreted. These cases go to prove that patients labouring under this disease do not die, as has been imagined by some, from exhaustion consequent on profuse discharges from the lungs, but rather from constitutional irritation, developed in part by the recuperative action, the powers of the system being exhausted under the efforts to renovate the diseased structures.

The attention of the class was then directed to a case of

ASCITES

dependent on cardiac disease.

The existence of disease of this important organ was evinced in a marked manner in the physiognomy of the patient. When examined, the heart's action was found to be very tumultuous, but the rhythm was principally disturbed. The evidences of effusion into the peritoneal cavity were marked by the distended state of the abdomen, and fluctuation on palpation. Percussion elicited a clear sound over the anterior paries, from the presence of the intestines, which, being lighter, floated on the surface of the fluid; and a dull sound at the sides from the gravitation of the fluid. On changing the position to the side, the clear sound was elicited by percussion of the uppermost side of the abdomen, whilst the dull sound was heard on percussion of the depending part.

The pathology of the case was manifest. In consequence of irregularity of the circulation induced by disease of the heart, hyperæmia of the abdominal vessels occurred, which relieved itself by transudation of the serous portion of the blood. This, in fact, is the immediate cause of most dropsical effusions:—some disease existing in one or more of the solid viscera, and disturbing the equilibrium of the circulation, local hyperæmia occurs, which terminates in effusion.

The prognosis in dropsical cases is modified by its cause. When, as in the present instance, there is serious organic disease, it must always be unfavourable.

In the treatment of ascites the constitution of the individual must be inquired into. If it be robust, or the patient be plethoric, benefit may accrue from the abstraction of blood. But if, as in the case now under consideration, the patient be feeble, and of broken down constitution from bad habits, we must rely on less energetic measures. In such cases, we usually have recourse to medicines that augment the renal and intestinal secretions, or, in other words, to diuretics, and hydragogue cathartics. These abstract from the blood-vessels a portion of their serous contents, give occasion, therefore, to increased absorption,

and thus promote the removal of the effused fluid. Accordingly, in this case, the Professor directed a compound of elaterium and gamboge as a cathartic, with one grain each of calomel, digitalis and squill, three times a day as a diuretic. In addition to the action on the kidneys, the revellent and alterative influence of the mercurial may exert a most salutary sorbefacient agency. From the combined action of these remedies, and attention to the general health of the patient, the case may improve somewhat, but so long as the cause remains, there will be perpetual liability to the recurrence of the dropsical accumulation.

The Professor then proceeded to some observations on a case of

ENDOCARDITIS, COMPLICATED WITH VALVULAR DISEASE.

The patient, a male, entered the hospital with high fever and a jerking pulse, which is apt to exist in inflammation of the endocardium. The peculiar expression of countenance, so often observed in cardiac affections, and so marked in the case last presented to the class, is absent in this instance. He has not suffered recently from rheumatism.

It may be repeated here, that patients who have laboured under acute rheumatism are peculiarly liable to various diseases of the heart. The complication of rheumatism with endocarditis, indeed, so often exists, that some have affirmed it to be present in every case of rheumatism. Although such is not the fact, it occurs so frequently that our attention in acute rheumatism should always be directed to the condition of the heart. Should it be involved, it will be indicated by a *bruit de soufflet*, or "bellows sound," which may be produced by simple hyperæmia of the lining membrane—the endocardium—but much more frequently, the Professor thinks, by a narrowing of the cardiac orifices, the consequence of an effusion of plastic lymph. The rasp, file and saw sounds are mere varieties of the bellows sound, and acknowledge a similar mechanism. The functional expressions of endocarditis are usually marked, but the diagnosis is at times very obscure, unless recourse be had to the physical signs, and even then we may have occasionally to doubt.

The Professor here introduced a diagram on the black board to exhibit the situation of the several valves of the heart, the better to elucidate the physical signs indicative of their morbid conditions. He also made a few observations on the sounds of the heart in health. When the ear is placed over the præcordium, two distinct sounds are audible. The *first* is a slow prolonged sound—the second a sharp, short sound, not unlike the lapping of a dog or the clacking of a valve. The former is very

compound in character, and its mode of production has been the subject of much disputation. It is now, however, generally admitted, that it is a combination of the sound produced by the rush of the blood through the heart's cavities, the tension of the auriculo-ventricular valves, and the muscular contraction of the organ. Almost all agree, that the second sound results from the sudden fall of the semilunar valves, as their edges are caught by the refluent blood. The Professor is disposed to believe from observations on the living heart in action, as well as from morbid results, that the semilunar valves participate also in the production of the normal first sound.

Succeeding the second sound there is a short period of repose, and then a renewal of the sounds. If the whole time occupied by the sounds and pause be divided into four periods, two of them will be occupied by the first, one by the second sound, and the remaining one by the repose.

As the function of the valves is that of preventing the reflux of the blood, after it has abandoned a cavity, it can readily be comprehended, that certain morbid sounds may be produced by an insufficiency on the part of these valves, permitting the regurgitation of blood through the orifices. The site and time at which these morbid sounds are audible differ, of course, according to the valves involved.

If the insufficiency exists in the mitral valves, the sound will be perceptible over the mammary region, increasing in intensity towards the apex of the heart, and during the contraction or systole of the organ. Sometimes a double or see-saw sound is produced, if vegetations or other morbid deposits exist on the valves. The first sound of the heart will consequently be disturbed in diseases implicating the mitral valves,—but it can be readily seen, that if the auriculo-ventricular opening be narrowed, an abnormous sound in the same region may also accompany the second sound.

Should the semilunar valves of the aorta be involved, the sound of regurgitation will be most distinct over the third rib—the region of the valves—and follow the course of the great vessels; and it will be synchronous with the diastole of the heart. In this case, therefore, the second sound will be deranged—still it will be here again evident, that if the caliber of the arteries be diminished, there may be an abnormous sound over the same region accompanying the first sound.

By attending, therefore, to the situation in which the abnormous sounds are most distinct, and the time of their occurrence, it may be surmised what valves are in fault. This nicety, however, of diagnosis, does not affect the treatment. In the case under consideration from the blowing accompanying the

first sound, and from its being most marked near the nipple or apex of the heart, we infer that the mitral valves are implicated.

The causes of valvular disease are various, but the Professor thinks that, in the majority of cases, they are owing to chronic endocarditis. It is very common to find, in old persons, the valves and lining membrane of the aorta coated with plates of ossific or atheromatous matter, which give rise during life to various morbid sounds.

The treatment of active endocarditis consists in the employment of active antiphlogistic means. When, however, the endocarditis has become chronic, or has left only its results, activity may be out of the question. Attention should, then, be directed to the diet, and to other hygienic measures, as moderate exercise, fresh air, &c. Violent muscular efforts, and mental or moral emotions should be avoided; but there is no objection to the proper exercise of the intellectual faculties,—as, unlike the emotions, this can have no effect on the diseased organ. The patient whose case is now being considered, was directed to be placed on the use of the hydrocyanic acid in doses of one drop, with ten drops of the tincture of digitalis, every morning—and strict attention was ordered to the diet, and general health. When old valvular disease alone exists, medicinal agents can be of little use, and reliance is to be placed solely in the recuperative powers,—and on proper hygienic measures to prevent any corporeal or mental excitement.

With this case the Professor concluded the course of clinical lectures. Before dismissing the class, however, he thought it proper to make a few observations on the plan of instruction pursued in this institution, as it appears not to be understood abroad.

Clinical remarks are generally supposed to be made at the bed side of the patient, and most usually they are so. As, however, this would obviously be impracticable where the class is very large, only a few being able to hear or see any thing, another mode has been adopted here. This is, to select such cases as may be considered proper, and present them to the class assembled in the amphitheatre, with appropriate observations. Although there are disadvantages attending this course, it seems best suited for instruction under all circumstances. It would be utterly impossible for a class of 200 clinical students to examine cases for themselves; and if the thing were practicable, whilst it might be an advantage to the student, it would, in many cases, be destructive to the patient, and in all cases intolerable. Each student has thus an opportunity of seeing the patient, and hearing the remarks of the lecturer. Professor Dunglison has

adopted the practice of selecting cases that will elucidate the physiological and pathological subjects to which he had directed the attention of the class, during the week, from the chair of Institutes at Jefferson Medical College. His lectures are consequently methodical, and infinitely more instructive than if the cases were taken at random. Being first acquainted with the physiological conditions, the student can best comprehend the pathological aberrations. Pursuing this plan, he has been enabled, in the present course, to treat of a large class of diseases, exhibit numerous pathological specimens, and make appropriate remarks on them. Indeed, in the short space of four months he has lectured on nearly every class of diseases which the practitioner is called upon to treat. Of the number, however, a better idea may be formed from reviewing a schedule.

The course was begun by some general observations on the various means of diagnosticating diseases, as

Functional phenomena, Physical signs, including Auscultation, percussion, inspection, palpation, &c.	Hæmatology, Inspection of the secretions, as the bile, urine, illustrated by specimens of morbid secretions.

Then followed remarks on the importance of attending to morbid anatomy as an aid to diagnosis and therapeutics; but as an aid only. Having next illustrated the diseases of imbibition, especially by pulmonary transudation, as in hæmoptysis, and encephalic transudation, as in hemiplegia, particular diseases were considered. Under diseases of the *alimentary* canal, lectures were delivered on

Mercurial stomatitis, Pharyngitis, Ulceration of the pharynx, Obstruction of the intestines,	Invagination of the intestines, Ulceration of the intestines and gastrorrhœa,

with specimens and pathological remarks on

Ulceration of the pharynx and larynx, Invagination of the intestines, Ulceration of the intestines,	Perforation of the intestines, Tuberculosis of the peritoneum, Tumour of the peritoneum.

Under diseases of the *respiratory organs,* lectures were given on

Ulceration of the larynx, Hæmoptysis, Pleuritis, Chronic bronchitis, Bronchorrhœa, Tuberculosis of the lung,	Gangrene of the lung, Asthma, and pulmonary emphysema, Pneumonia and Asphyxia from drowning,

with specimens and pathological remarks on

Ulceration of the larynx,	Hæmoptysis,
Tuberculosis of the lung in its various stages,	Gangrene of the lung,
	Pneumonia.

Under diseases of the *circulatory apparatus*, lectures were given on

Pericarditis,	Hemorrhage from the rectum,
Endocarditis and endopericarditis,	Communication between the auricles,

with specimens and pathological remarks on

Pericarditis,	Cartilaginous degeneration of the same,
Ossification of the aorta,	
Vegetations of the aortic valves,	Patulous foramen ovale in a woman ninety-eight years of age.

Under diseases of the *glandiform* ganglions, lectures were delivered on

Atrophy of the spleen,	Splenitis,

with specimens and pathological remarks on

Scrofulous mesenteric ganglionitis,	Atrophy of the spleen,
	Splenitis.

Under diseases of the *glandular* organs, lectures were given on

Mercurial ptyalism,	Disorders of the biliary secretion and bilious diseases,
Granular disease of the kidney,	
Whisky liver,	Jaundice of the adult,
Cirrhosis of the liver,	" " infant,
Tubercles of the liver,	Gall stone,

with specimens and pathological remarks on

Hypertrophy of the kidney,	Contraction of the urinary bladder,
Atrophy of the same,	
Renal apoplexy,	Whisky liver,
Dislocation of the kidneys,	Cirrhosis of the liver,
Granular disease of the same,	Tubercles of the liver.

Under diseases of the *skin*, lectures were given on

Erythema of the scalp,	Impetigo,
Induration of the cellular tissue,	Discoloration of the skin from nitrate of silver.
Chronic cutaneous diseases in general,	

Under diseases of the *nervous system*, lectures were given on

Hyperæmia of the brain,	Tremors,
Ramollissement of the brain,	Chorea, general and partial,
Hemiplegia,	Salaam convulsion,
Paraplegia,	Epilepsy,

with specimens and pathological remarks on

Hyperæmia of the brain.

Under diseases of the *reproductive* organs, specimens were exhibited, with pathological remarks on

Ovarian cysts,	Recto-vaginal communication,
Cysts of the Fallopian tubes,	Open cancer of the uterus,
Fibrous tumour of the uterus,	Scirrhus of the uterus.

On diseases *involving various organs* lectures were delivered on

Intermittent fever,	Dropsy, hepatic,
Typhoid fever,	" renal,
Scarlatina,	Scrophulosis,
Rheumatism, acute and subacute,	Cancerous cachexia.
Dropsy, cardiac,	

Professor Dunglison stated, that he could not take leave of the clinical class without expressing to them his thanks, and those of his colleague, Professor Pancoast, for the attention which had been generally paid to the important subjects brought before them. He was likewise greatly indebted to Drs. Curran, Farquharson, Keating and Wilson, resident physicians to his wards, for the anxiety and industry they had exhibited to enable him to bring before the class cases and pathological specimens,—some of them not occurring in his own wards, but in the out-wards of the Hospital. He was glad, that he had been enabled to lay so much instructive matter before them; and stated, that if the clinical information, which he and his colleague had endeavoured to impart, should hereafter tend, in any degree, to smooth the rugged paths of practice, which all are destined to tread, they would consider themselves amply remunerated for all their unpaid exertions.

[In terminating these reports, the writer, having availed himself of the benefits of their clinical instruction, cannot refrain from expressing his highest opinion of the plan pursued by Professor Dunglison and his colleague, Professor Pancoast, connected with their well known ability in selecting cases, fidelity in representing, and skill in the management of disease. To their unremitting attention, untiring zeal, and disinterested exertions for the improvement of the class, its members cordially testify, and for this they merit and receive its most sincere gratitude.

SAMUEL G. WHITE.]

BIBLIOGRAPHICAL NOTICES.

Lectures on the Principles and Practice of Physic; delivered at Kings College, London. By Thomas Watson, M. D. &c. &c. Second American from the Second London Edition, Revised, with Additions, by D. Francis Condie, M. D., Secretary of the College of Physicians; author of a Treatise on Diseases of Children, etc. etc. Royal 8vo.—pp 1060. Lea & Blanchard, Philadelphia, 1845.

This is confessedly one of the very best works on the principles and practice of physic in the English or any other language. From the press, both British and American, it has received the highest commendations, and, from the rapidity of its sale, we may infer that it has been equally well received by the profession at large. The original portion of the present publication being by these means so extensively known, and as extensively approved, it is only necessary for us at present to notice the contributions of the Editor, of the value of which our readers will probably anticipate our opinion, from his well known learning and experience.

On most of the subjects treated of by the author, his exposition of the views at present entertained by enlightened pathologists and therapeutists, is so full and satisfactory, as to have left little room for comment, and Dr. Condie has therefore judiciously confined himself mainly to the consideration of a few of the forms of disease more particularly interesting to the American physician, of which the account given by the author is somewhat defective, and one or two diseases endemic in the United States, and consequently omitted in the lectures by Dr. Watson. Some of these additional observations we shall now briefly notice.

Under the head of Aphthæ, Dr. Watson treats of several varieties of Stomatitis, as the simple *thrush*, or pultaceous inflammation of the mouths of young children, pseudo-membranous or diphtheritic inflammation, and follicular inflammation of the mouth, tongue and fauces, blending them together as one and the same disease. From this view Dr. Condie dissents. "The disease of the mouth

occurring in infants during the period of suckling, in which the tongue, and the inner surface of the lips and cheeks, are covered, to a greater or less extent, with minute portions of a white matter resembling curd—and which constitutes the *muguet* of the French writers, the *thrush* or *children's sore mouth of nurses*, and the *aphthæ lactumina* and *aphthæ infantiles* of the older physicians, is evidently a very distinct affection from the *aphthæ* which occurs in the adult as well as in the infant. The first depends upon an erythematic inflammation of the mucous membrane of the mouth, in which an altered secretion, in the form of small and curd-like particles or flocculi, or, as in other diphtheritic inflammations, of large patches of a soft pseudo-membranous matter, takes place upon the surface of the inflamed membrane. Upon the separation of these morbid exudations, the membrane beneath is found to be smooth, and without any solution of continuity. According to Guersant, the curd-like exudation is deposited beneath the epithelium, and its separation is consequent upon the rupture of the latter; Plumbe is of a similar opinion; Guyot and Billard, however, never saw it, excepting upon the surface of the epithelium, and this accords with our own experience.

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"We are to recollect that the disease just described (thrush) is the result of an erythematic inflammation of the mucous membrane of the mouth; *aphthæ*, however, are produced by a follicular inflammation of the membrane. This affection is more commonly observed about the period of dentition than at an earlier age—it is particularly liable to occur in children of a lymphatic temperament, or in whom hæmatosis has been rendered imperfect, by improper or innutritious food, a damp and cold, or impure and stagnant atmosphere, exclusion from the light, and neglect of cleanliness. It is, also, of very common occurrence during most of the chronic affections, especially of the intestinal canal, in persons of all ages."

In the propriety of this distinction, we coincide with Dr. Condie. Trousseau and Delpech maintain, that "the *muguet*, or *aphthous patches*, consist of a fibrinous pseudo-membrane, situated on the surface of the digestive mucous membranes, deprived [in those spots] of its epithelium,"—(Ranking's Half-yearly Abstract, Am.

Ed. p. 246)—which is little if at all more definite than the manner in which it is presented by Dr. Watson.

Under the head of *diarrhœa*, Dr. Condie has favoured us with a long note, containing views, both as to pathology and treatment, in accordance with those entertained by American practitioners generally, and consequently requiring no further comment.

On the subject of *dysentery*, the author is less full in his account than on most other topics, and Dr. Condie has therefore added largely to the text, especially in regard to the treatment. From his observations we should infer that his experience in the treatment of the disease must have been confined to sporadic cases, or at least such as were of a decidedly sthenic character—and we come to this conclusion both from the pathology he lays down, and the great reliance on blood-letting that he inculcates.

"In the ordinary cases of dysentery, he remarks, the morbid appearances detected after death are, inflammation with thickening of the mucous membrane of the colon and rectum; occasionally, mortification and sloughing of this membrane, but more generally, in protracted cases, deep and extensive ulcerations, in the course of the transverse bands of the colon, or enlargement and ulceration of the follicles of the large intestines." (p. 832,) This description refers to the dysentery of our own country, not the violent form witnessed in intertropical regions. That the cases described were more than ordinarily violent, maltreated, or protracted, is manifest from the post mortem appearances, as well as from the fact that they afforded opportunities for cadaveric examination at all; and it by no means follows from thence that the disease in its commencement is always severely inflammatory, or that the inflammation which may exist is unaccompanied by other lesions forbidding the loss of blood, as the following remarks imply. "There are few cases of dysentery in which the lancet, or the application of leeches or cups to the abdomen can be dispensed with, without endangering ulceration, thickening or other structural changes in the mucous membrane of the intestines—by which the sufferings of the patient are prolonged and his life endangered. . . . . The more violent forms of the disease can be successfully managed only by

the prompt, free and even repeated use of the lancet, and the application, at the same time, of leeches upon that portion of the abdomen where pressure causes the most pain; and this system of active depletion must be continued, so long as fever or tenderness of the abdomen continues, more especially if the stools continue to be bloody."—(p. 834). Dr.Condie very properly condemns the *purging* treatment so unwarrantably pursued by some practitioners, and substitutes the revulsive and palliative effects of ipecacuanha, acetate of lead and opium, frequently combining all of those articles in his prescription. In regard to the use of the latter agent, we find the following remarks: "The intense sufferings which the patients often experience from the severe tormina and almost constant and distressing tenesmus attendant upon many cases of the disease, tempt the inexperienced practitioner to resort at once to opiates for their relief. But the use of opium in dysentery requires the utmost caution; until the violence of the inflammation, in the more severe forms of the disease is reduced by active depletion, they are, in general, inadmissible;" &c. After what he regards as sufficient depletion by leeches and the lancet, he resorts to moderate doses of opium to procure rest at night, or in combination with ipecacuanha, blue mass, &c. to relieve tormina.

It appears to us from the remarks we have quoted, and others for which we have not space, that our friend and townsman relies too much on bleeding and too little on the use of opium in this disease. We discover in his practice the remains of the doctrine that looked upon all febrile disturbances as evidences of inflammation, and all inflammations as necessarily demanding blood-letting. By the same class of therapeutists, opium has been regarded only as a stimulant, and all stimulants as inappropriate in the treatment of inflammation. In these views we do not concur. We have many instances of inflammation in which experience has shown that the abstraction of blood is inadmissible; cases too of no trifling importance; such as, for instance, strumous ophthalmia, inflammation of the throat in malignant scarlatina, dothinenteritis, pneumonia typhodes, some cases of erysipelas, &c. The inflammation which occurs in dysentery is in the mucous lining of the bowels, chiefly of the colon and rectum, and all experience, we believe, has shown that

bleeding has comparatively little influence over inflammation in mucous surfaces—certainly much less than in the serous tissues. Dysentery, too, according to our observation, happens more frequently in adynamic conditions than those of a high sthenic character—as in hospitals, jails, camps, and endemico-epidemics. The dry and dark tongue, petechiæ &c. evince this, and consequently forbid active depletion in any form, and particularly by the abstraction of blood.

It is not to be understood by these remarks, that we discard bleeding in all cases of dysentery: on the contrary, we regard it in some instances, more especially in sporadic cases, as one of our most valuable remedies; but we think the precepts of Dr. Condie on this subject inculcate a too general and almost exclusive reliance upon it, and we have given our reasons for that belief. We think, also, that Dr. C. limits the use of opium too much. Whenever a patient is tortured with pain, no matter in what disease or under what circumstances, opium, in some of its forms, is proper; and if given in appropriate doses in the early stage of dysentery, with perfect rest, and appropriate diet, will not unfrequently cut short the disease; and in every stage of its progress, is demanded to relieve tormina and procure sleep, without which recovery is not to be expected.

On *typhous pneumonia* and *bilious remittent fever*, Dr. Condie has added extensive notes, characterized by much research and judicious observation; on the latter affection, particularly, his remarks constitute an excellent monograph, which may be consulted with advantage by even the best informed on the subject. From these, and other notes contained in this edition by Dr. Condie, we should be glad to make further extracts, as well as to make occasional comments, if we had not already exceeded the limits appropriated to this notice. As it is, we have only room left to say of this excellent work, that it is eminently deserving of the patronage of the profession, and that the value of the present edition of it is greatly enhanced by the additions of the editor.

An Elementary Treatise on Midwifery: or Principles of Tokology and Embryology. By Alf. A. L. M. Velpeau, M. D., &c. &c. Translated from the French by Charles D. Meigs, M. D., member of the American Philosophical Society; Professor of Midwifery in the Jefferson Medical College, &c. &c. Third American edition, with notes and additions by William Harris, M. D., Member of the American Philosophical Society; Lecturer on Midwifery and the Diseases of Women and Children, &c. &c. 8vo., pp. 600. Lindsay and Blackiston: Philadelphia, 1845.

Our readers must have been struck with the large number of treatises on Obstetrics, which we have had occasion to notice within the last year or two. Scarcely a work of merit has appeared in Great Britain or France without having been reprinted in this country: some of them, too, illustrated—really *illustrated*—by excellent lithographic plates, or wood engravings. Yet still there appeared to the respectable publishers, who have issued the work before us, room for an old favourite, which had been permitted to rest for a while, but had by no means been forgotten; and, accordingly, we have from them Velpeau *redivivus*. Our old friend appears, however, with a new face, and instead of having for its "gentleman usher and prolegomenon" the distinguished translator, teacher and obstetrician, Professor Meigs, we find it introduced by another. "As Professor Meigs, who translated the work, and enriched the second edition with a variety of valuable notes, is absent on a professional tour through Europe, the duties of bringing out a third edition have been assigned to me." So says the Editor; but we do not exactly comprehend the *sequitur*.

The work of Velpeau is one that has been highly prized by us for the extent of information it conveys, more especially on every point connected with obstetrical physiology. It is of course essentially French, and essentially French it must remain, in spite of the labours of all annotators: still it is an excellent addition to the library of the obstetrician, and a good guide on most points to the obstetrical student. The notes of Dr. Meigs are generally judicious: we wish we could say as much for those of his successor, which are often unnecessary or commonplace, at times merely

confirmatory of what has been said in the text; at others, neutralizing or positively opposing it; and at others, again, consisting of assertions without adequate, or, indeed, any evidence being brought forward to confirm them. We have read them all over, and had the mortification to feel that our labour has been profitless; and to fear that such must be the case with those who are even less familiar with the subject than we are.

Amongst the "unnecessary" we would place the definitions of *tokology*, *coxal* bone, and *eutocia;* which, by the way, is stated to be from ευ instead of ευ, well, and *Tokos*, childbirth, &c. &c.,—inasmuch as the terms are to be found in every medical dictionary. In describing the sacrum, M. Velpeau states, that along its middle are "four or five quadrangular facettes, and the same number of transverse lines." The Editor adds in a note "Five quadrangular facettes and four transverse seams." The sacrum, according to M. Velpeau, is still formed at birth of fifteen pieces, three for each vertebra. The Editor comments on the word "birth" as follows: "that is at the end of the seventh month of fœtal life." Several notes are added on the anatomy of the pelvis, of all points the one least requiring additions. M. Velpeau affirms, that "the axis of the superior strait is an imaginary line, extending from the umbilical region to the lower two-thirds of the front of the sacrum:"—not a very precise definition it is true. The Editor says it extends from the umbilicus to the junction of the sacrum and coccyx. At page 58, the labia are said to be sometimes enlarged by varicose veins; and to be "also the seat of pruritus, of morpiones and of herpes,"—but itching may obviously occur in every part of the generative organs, whilst the insects referred to infest the mons veneris as well as the labia; in other words all the parts of the sexual organs that are covered with hair. At page 64 we are gravely told, that the "introduction of a pessary generally destroys the hymen in *virgins*," and this is a note to a passage in the original, stating that "as a general rule the hymen is ruptured at the first sexual approach."

The perineum has hitherto been limited, posteriorly by the anterior margin of the anus—"*mais nous avons changé tout cela.*" It now, according to the Editor, extends to the os coccygis! (p. 65.) At page 70, we are told that "it is now pretty clearly ascertained that the ovaries are the efficient cause of menstruation, and that one or more Graafian vesicles are ruptured at each men-

strual period. This is often followed by a *corpus luteum*, and hence the presence of this *round yellowish body* is no longer a test of previous *gestation.*" This, however, is a foregone conclusion. The Editor will find, in the recent journals, that Raceborski, one of the great supporters of the modern doctrine of the agency of the ovaries in menstruation, has been vigorously engaged in examining into, and publishing the differences between the corpora lutea of menstruation and those of impregnation.

At page 96, we are informed that Professor Jackson is a decided advocate of the hypothesis, that the menstrual flow is a hemorrhage and not a secretion. The Editor might have added the name of his predecessor, and numerous others. Every microscopic observer now appears to favor that view of the subject.

At page 100, it is said gravely, that "a majority of the women, in the city of Philadelphia cease to menstruate at fifty years of age," and at page 205, that " the average length of children, born in Philadelphia, is from 18 to 22 inches." It may be so; but when, where, and how were the statistical evidences obtained?

Under fecundation we have a note of the ancient view of Professor Chapman, which referred every thing to sympathy; and that of Dr. Dewees, that the sperm is conveyed directly from the vagina to the ovaries " by a set of vessels not yet discovered :" both of these given without any comment. The latter gentleman, we believe, abandoned altogether his unsupported notion, and we apprehend that the former would scarcely wish the ashes of *his* to be disturbed.

At page 116, M. Velpeau states that the fundus of the uterus attains the level of the umbilicus, or even above it, at the end of the sixth month. On which the Editor makes the following note :—" The fundus does not rise as high as the umbilicus until the end of the *sixth* month of gestation."

Not exactly comprehending the meaning of the following note, we place it before the reader under the hope that he may be more fortunate :

" Most of the Lecturers on Midwifery, in this city, maintain that no relaxation of the ligamentous bands that surround the symphyses of the pelvis, take [takes] place during parturition, but that *the intervening cartilages are designed to prevent, by their elasticity, the effects of blows upon the bony girdle:* my

own observations, however, lead me to unite with Velpeau on this subject."*

We are pleased to observe the allusion of the Editor to the merits of his "late highly talented pupil and friend"—[we are happy to say not dead, but likely to live a long life of usefulness]—Dr. E. K. Kane, in a note on Kiesteine as a "rational sign" of pregnancy: but our intelligent friend will blush at "the honor of establishing the unquestionable value of Kiesteine as a diagnostic sign of pregnancy" having been "reserved" for him. The value of his paper consisted essentially in the careful and protracted observation, and the unquestioned ability, and entirely trustworthy character of the Reporter; yet the results were not more decisive than those of Mr. Letheby, who observed the pellicle in 48 cases of pregnancy out of 50. We may add that a better attention on the part of the Editor to the excellent communication of his pupil, would have enabled him to make his note more in accordance with observed "*Sympathetic Phenomena.*"

What, we ask, can be the meaning of the following extract from a note on Superfœtation?—

"The modern doctrine of conception, termed *Epigenisis* [Epigenesis] is sustained, it is true, by many well-established facts, and by the highest medical authority, yet I confess that my confidence in its validity has been shaken by reading cases of superfœtation that have been recorded by medical gentlemen, although at variance with their preconceived hypotheses."—p. 218.

What possible connection can there be between Epigenesis and the cases of Superfœtation, referred to by the annotator? Epigenesis is the theory of conception, according to which the new being receives from each parent the materials necessary for its formation!!

The longest note relates to a case of sexual ambiguity, which is, in many respects, very far from satisfactory; and to the whole is appended a chapter on Puerperal Fever; the term *puerperal* being, the Editor thinks, "more comprehensive" than *childbed.* He is, indeed, as we have seen, by no means happy in his terms.

* The italics are our own.—Reviewer.

Under Puerperal Fever we are told of "a variety which we call *puerperal adynamia.*" We may ask, by the way, *en passant,* who Peauteau is, who wrote nearly a century ago, that puerperal fever is of the nature of erysipelas: we presume he means Pouteau. We find also Stall cited—a name altogether unknown to us as that of a writer on puerperal fever, or, indeed, on any thing else. "Had we space," the Editor remarks, "we could multiply authorities to show the intimate connection or simultaneous prevalence of these two diseases. Besides, we often observe, in other maladies, that erysipelas attacks the internal surface. In scarlatina maligna, it [quære, erysipelas?] assails the mucous lining of the throat, and not its dermoid covering."—p. 586. We confess we are at a loss to separate "*the mucous lining of the throat*" from its "*dermoid covering!*"

We believe we have cursorily noticed the most important notes of the Editor of the present edition. From them the reader will be enabled to judge whether the value of the work is materially enhanced by them, and whether, if the second edition had been reprinted without modification or additions, the loss to the student would have been calamitous.

As far as the mechanical execution of the volume is concerned, we have nothing to object. It is well got up. **

Modern Cookery, in all its branches, reduced to a system of Easy Practice for the use of private families; in a series of receipts, which have been strictly tested, and are given with the most minute exactness. By Eliza Acton. *Illustrated with numerous wood cuts. To which are added directions for carving, garnishing, and setting out the table; with a table of weights and measures; the whole revised and prepared for American Housekeepers,* by Mrs. S. J. Hale. From the second London edition: small 8vo. pp. 418. Philada., 1845.

It was well said by the facetious author of the Cook's Oracle—himself a physician—that "improvements in agriculture and the breed of cattle have been encouraged by premiums. Those who have obtained them have been hailed as benefactors to society; but the *art* of making use of these means of *ameliorating life,*

and supporting a healthy existence—COOKERY—has been neglected. While the cultivators of the raw materials are distinguished and rewarded—the attempt to improve the processes, without which neither vegetable nor animal substances are fit for the food of man, (astonishing to say) has been ridiculed as unworthy the attention of a rational being!!!" Yet, we apprehend the ridicule has been confined to a few; for in all ages the cook has been esteemed a most important personage. In the time of the first Roman Emperors, when the pleasures of the table were carried to the extreme of licentiousness, upwards of 4000 dollars was by no means an uncommon salary for the cook. Mark Antony once presented his cook with a whole *municipium*, solely because he succeeded in dressing a pudding to the satisfaction of Cleopatra; and Harry the 8th of England parcelled out one of the Crown manors to a lady who had compounded a pudding to his liking. Still, as at the present day, the morality of the cook has often been doubted; and the elevated *Science de la Gneule* has doubtless been occasionally represented by knaves and rascals,—a fact signalized by the word *coquin*, which bears too many evidences of having been derived from the *cuisine*. "De toutes les étymologies qu'on donne de ce mot"—says Ménage—"celle qui me plaît davantage, et qui me paroît la plus naturelle, c'est celle qui le dérive de *coquus*, cuisinier, ou plutôt de *coquina*, cuisine. *Coquinus* s'est dit originairement des plus bas officiers de cuisine et ensuite des gens les plus vils et les plus méprisables."

Cookery is in reality a part of hygienic medicine. "The stomach,"—as the writer already quoted has remarked—"is the mainspring of our system; if it be not sufficiently wound up to warm the heart and support the circulation, the whole business of life will in proportion be ineffectively performed—we can neither *think* with precision, *sleep* with tranquillity, *walk* with vigour, nor *sit down* with comfort. There would be no difficulty in proving, that it influences (much more than people in general imagine) all our actions: the destiny of nations has often depended on the more or less laborious digestion of a Prime Minister." And he subsequently adds—"thus does the HEALTH always, and very often the LIFE of invalids, and those who have weak and infirm STOMACHS, depend upon the care and skill of the COOK.

Our forefathers were so sensible of this, that in days of yore, no man of consequence thought of making a day's journey without taking his MAGISTER COQUORUM with him."

We are not to be surprised, then, at the fact, that some of the best cookery books should have been written by physicians. Apicius Cœlius, *De Arte Coquinariâ*, was translated in 1513, with notes by Dr. Martin Lister. In 1658, appeared Archimagirus's Receipts in Cookery, by Sir Theodore Mayerne, Physician to Charles II. Dr. Salmon's Cookery appeared in 1710; Dr. King's Art of Cookery, in verse, in 1740. Mrs. Glasse's Cookery was written by Sir John Hill. In 1807 was published *Culina Famulatrix Medicinæ*, by A. Hunter, M. D., F. R. S.; and last, but not least, came the Cook's Oracle, by the eccentric Kitchener, who affirmed, that he had "not presumed to insert a single composition, without previously obtaining the '*imprimatur*' of an enlightened and indefatigable 'COMMITTEE OF TASTE,' (composed of thoroughbred GRANDS GOURMANDS of the first magnitude;")—although we know it was shrewdly suspected that the Doctor himself constituted the whole committee.

The work before us strikes us as equal—if not superior—to any of its predecessors. Kitchener—in spite of its merits, which are not few or far between—is somewhat *passé*; Mrs. Rundle scarcely retains her elevated position: she was always too *recherché:* Miss Leslie is excellent, but still an opening existed for a *scientific* work on the "culinary art," which was in all respects "up to the day." Such a work, we think, is Miss Acton's; and accordingly we recommend it to the favorable notice of our readers.

Anecdota Sydenhamiana: Medical Notes and Observations of Thomas Sydenham, M. D., hitherto unpublished 24mo. pp. 80. Oxford: 1845.

The Editor of this small *brochure* has entered upon a career of eminent usefulness. Estimable, learned and pious, he is now engaged in writing the lives of many of the older physicians in the excellent Biography in course of publication by the Society for the Diffusion of Useful Knowledge, and was selected by the

Sydenham Society—that most useful association—to edit the works of Sydenham, and to revise the Latin original, a task, which he executed in a manner that satisfied every one. He is now—as mentioned in another part of this number—issuing a prospectus, according to which he proposes "with God's assistance, to publish in a series the lives of those physicians who have been most eminent for their piety, in whatever age and country they may have lived"—the profits, if any, accruing from these publications, to be given eventually to some medical charity.

The *Anecdota Sydenhamiana* are taken from a MS. in the Bodleian Library at Oxford. The name of the writer is not mentioned, nor is anything known of the history of the MS., except that it once belonged to Dr. Richard Rawlinson, and forms part of the collection of MSS. bequeathed by him to the University of Oxford about the middle of the last century.

"At the beginning of the volume (of which about two-thirds have been torn away) are these:—'Extracts of Sydenham's Physick Books, and some good letters on various subjects.' This is the whole of the evidence respecting the genuineness of the following Anecdota; and perhaps, if there were nothing more to say in their favour, it might be doubted how far the editor was justified in giving them to the world under the sanction of the name of Sydenham: the *internal* evidence, however, is much more conclusive, and indeed to his own mind perfectly satisfactory. The writer professes to have been acquainted with Sydenham himself, and to have originally written the following notes, partly from his dictation, in the years 1682—83, and partly from some of his MSS., written chiefly in 1670. These notes he appears to have revised, and written out correctly in their present form *after* 1685, (as he refers to the edition of Sydenham's works published in that year, and if the editor's conjecture at page 69 be correct) before 1692—as that is the date of the first edition of the *Processus Integri.* The undesigned coincidences, however, between these Anecdota and Sydenham's acknowledged works, which must strike every one who is at all familiar with his writings, constitute the most convincing proof of their genuineness. These are too numerous to be pointed out, but references have been given to the chapters of the *Processus Integri,* by means of which the reader, if he possesses the edition

of Sydenham's works published by the Sydenham Society, may easily find out for himself other parallel passages." p. v.

We have no doubt of the authenticity of the *Anecdota*, and consider that every one who possesses the other works of the illustrious English physician should become possessed of this. Dr. Greenhill has appended an index of the drugs, wherein the words are printed at full length, and accompanied by the scientific and the common English names. The spelling of the MS. has been followed implicitly, and in general the punctuation likewise.

Handbuch der Medicinischen Klinik: Die specielle Pathologie und Therapie von Klinischen Standpunkte aus bearbeitet. Von Dr. Carl Canstatt, Königlich-bayerischem Gerichtsarzte und Mitgliede mehrerer gelehrter Gesellschaften. Zweite vermehrte Auflage. Erster Band. 8vo. S. 370. Erlangen, 1843.

Manual of Clinical Medicine: Special Pathology and Therapeutics, regarded in a Clinical point of view. By Dr. Charles Canstatt, &c. &c. Second augmented edition. Vol. 1, pp. 370. Erlangen, 1843.

The volume before us comprises what Dr. Canstatt terms the "Morphological part of Clinical Medicine," the elementary forms of disease. In other words, it is a treatise on general pathology; investigating in turn—Hypertrophy, Atrophy, Plethora, Anæmia, Chlorosis, Congestion, Hyperæmia, Inflammation, Hemorrhages, Blood diseases, Anomalies of Secretion, Dropsy, Bright's Disease, Pneumatosis, Polysarcia, Homoöplasia, (homologous changes of tissues,) Heteroplasia, (heterologous changes of tissue,) Carcinoma, Tuberculosis and Scrophulosis, Lithiasis, Formation of Entozoa, Softening, Induration, Fever, Neuroses, Neuralgia, Spasms, Anæsthesia, Acinesia, and Psychoses.

On all these topics the author exhibits that he is well read in modern authorities, and withal possessed of sufficient judgment to separate the good from the bad; whilst his own power of observation and reflection are greatly above mediocrity. There is much

less, too, of fanciful speculation than usually exists in the productions of our German brethren.

The Anatomy and Diseases of the Breast. With numerous plates. By Sir Astley Cooper, Bart., F. R. S., Sergeant Surgeon to his Majesty; Consulting Surgeon of Guy's Hospital; Lecturer on Anatomy and Surgery, &c. &c. *To which are added his various Surgical Papers, now first published in a collected form.* Royal 8vo., pp. 188. Philadelphia, 1845.

This volume completes the splendid edition by Messrs. Lea & Blanchard of the works of the distinguished Surgeon; for which they merit the thanks of the profession. It was well thought of when they they determined to collect also his various surgical papers, which have never previously been brought together. "This volume," they remark, "with those already published in this country on the subject of Hernia, the Structure and Diseases of the Testis and Thymus Gland, Fractures and Dislocations of the Joints, and Lectures on Surgery, edited by Tyrrell, making five volumes in all, complete the valuable series of the works of Sir Astley Cooper. The present corresponds in size with the other *illustrated* works of the author. Great care has been taken in the reduction and execution of the plates in lithography—and the publishers trust the figures will be found to be faithful copies of the larger and more expensive originals. The sources from which the surgical papers and contributions have been collected, are stated at the head of each article, and were pointed out in the list appended to a slight biography of Sir Astley, published in the last edition of his work on 'Dislocations and Fractures.'" "The publishers," they add, "feel that they have fully redeemed the pledge given by them, of presenting the productions of the great modern English Surgeon in a form which, at the same time that it places them within the reach of all members of the profession, is worthy of the fame of the illustrious author."

We apprehend that the series will be sought after by all who are familiar—and who is not—with the pre-eminent merits of Sir Astley as an Anatomist and Surgeon.

Outlines of the Arteries: with short Descriptions. Designed for the use of Medical Students. By JOHN NEILL, A. M., M. D., Prosector in the University of Pennsylvania; Phvsician to Wills' Hospital; Lecturer on Anatomy, etc. Philadelphia: Barrington and Haswell. 1845.

The above is the title of a very neat and useful little work, prepared, as the author informs us, "at the request of several students, to furnish them with an easy, yet accurate, mode of learning the arteries." It is true, there is no lack of works descriptive of this branch of anatomical science; they abound, indeed, in every country where medicine is taught. But the splendid and highly finished plates of the French and English, and—we are happy to be able to add—American anatomists, are far too costly, if not too elaborate, for the beginner.

However proper, and indeed necessary, it may be for the student of Anatomy to become well acquainted with the exact position of the blood vessels in relation to other parts of the body, yet his elementary knowledge of them must regard the different portions of the circulatory system as dependent chiefly upon each other: he must, for example, first learn what branches spring from this or that particular artery, and how they are distributed. Now, these are just the points which we think are admirably exhibited in the little work before us, which is very creditable, both in the drawing and lithography. Its chief excellency, however, is its *mode of reference*, in which it differs from the usual method of numbering the different vessels, and referring to these numbers in the accompanying explanation. In the present instance, each artery has its own name legibly printed upon it, so that the student can, at a glance perceive both the position of the vessel and its name, without the tediousness of a constant reference.

The author designs, we understand, to follow up this work with "*Outlines of the Nerves*," arranged after a similar method. *

Half Yearly Abstract of the Medical Sciences, &c. &c. Edited by WM. H. RANKING, M. D., Cantab. Vol. 1. January—June, 1845. pp. 365. (Reprint.) J. & H. G. Langley: NewYork.

This is a publication on a somewhat similar plan to Braithwaite's Retrospect, over which it possesses advantages in the better selec-

tion and arrangement of its subjects, and especially in containing condensed *Reports* on the various branches of Medical Science. The Editor, Dr. Ranking, is an industrions contributor to the British Medical Journals, and, judging from his past performances, well qualified for the laborious task he has undertaken. We shall draw largely from the Abstract in future numbers of the Examiner.

THE MEDICAL EXAMINER.

PHILADELPHIA, OCT., 1845.

☞ Several notices of new publications, accounts of cases, &c., designed for the present number, are unavoidably postponed, and will appear in our next.

We are gratified to find, that the learned and venerable Dr. J. R. Coxe, of this city, has prepared an epitome of the works of Hippocrates and Galen, which he proposes "to put to press if 500 subscribers of the thousands of medical men of the Union can be obtained. It is almost impossible to state precisely the extent of the work, derived as it is from seven or eight folios; but it is believed that it can be so condensed as to be embraced in *three*, perhaps in *two*, octavo volumes, according to the type, of from 500 to 600 pages each, at a price not exceeding $3 a volume."

"I need not say"—Dr. Coxe states in his circular—"that it has been a work of considerable labour, yet assuredly one of infinite interest and gratification to myself; and it is chiefly from such considerations that I am induced to hope, that if printed, it will afford an equal gratification to my Medical contemporaries, and present to them, although epitomized,* an adequate idea of those venerable

* Although spoken of as epitomized, yet many of the Treatises of both the Authors, are fully tanslated.

writings, which have reached us after a lapse of more than two thousand years."

Every medical man, we presume, would desire to possess, in his library, the works of those venerable and venerated fathers of our art.

NEW ORLEANS MEDICAL AND SURGICAL JOURNAL, DEVOTED TO MEDICINE AND THE COLLATERAL SCIENCES.

We mentioned in the August number of the Examiner, that we had received a circular from New Orleans announcing the intended publication, in that city, of a new Medical Journal, to be edited by Professors Harrison and Carpenter. The last number (Sept.) of the "*New Orleans Medical Journal*" comes to us with its title altered as above, with the names of W. M. Carpenter, M. D., E. D. Fenner M. D., J. Harrison, M. D., and A. Hester, M. D., as Editors. In an editorial signed by them all, we are informed that the interests of the N. O. Medical Journal, and the projected Louisiana Medical and Surgical Journal have been united, and that the Journal will in future appear under the new title, and the joint auspices of the four editors. This concentration of materials and of labor will doubtless be satisfactory to their patrons, whilst it will materially lessen the expense of publication. With so strong a corps of editors, the future numbers of our cotemporary cannot fail to be interesting and instructive.

NEW YORK MEDICAL INTELLIGENCER.

This is a new aspirant for professional favour. The first number, which is before us, consists of sixteen quarto pages, double columns, and closely printed. The Editor, D. S. Meikleham, M. D., in a neatly written prospectus, announces the object of the publication to be altogether eclectic—to collect whatever is valuable in the European Medical Journals, and present it to his readers without the admixture of the local and uninteresting matter which constitutes so large a portion of their contents; imitating, in that respect, the "Periscopes" of some of our existing Journals, and the "Record" of our own. It is designed to be issued monthly, at two dollars a year, payable in advance.

ANNUAL CIRCULARS OF MEDICAL COLLEGES.

In addition to those heretofore acknowledged, we have received the following:

1.—*School of Medicine and Surgery of Montreal (Canada.)*—According to the circular before us, "The third sessional year of the SCHOOL OF MEDICINE AND SURGERY OF MONTREAL, will commence on the first Monday in November, from which day to the 30th of April—a period of six months—*a series of Lectures*—one hundred and twenty in number—will be delivered on the following branches of Medical Science, viz:—

General and Special Pathology, . . .	Dr. Badgley.
Midwifery, and Diseases of Women and Children,	Dr. Arnoldi, Jr.
Anatomy and Physiology, ...	Dr. H. Nelson.
Surgery	Dr. Munro.
Chemistry and Pharmacy, ...	Dr. Sutherland.
Materia Medica and Therapeutics, . . .	Dr. Bibaud.
Practical Anatomy, ...	Dr. Regnier.

The Lectures will be in the English and French languages; *delivered at separate hours and in different rooms.*"

2.—*Annual Announcement of Jefferson Medical College*—1845.—The *Announcement* of this Institution for the present year, mentions no changes or modifications. The Faculty, Courses of Instruction, &c. continue as heretofore.

The number of graduates at the last commencement was 116; the number of students composing the class of the last session, was 409—sixty eight more than that of the preceding session—being the largest class of medical students ever assembled in any medical school in the United States, except the University of Pennsylvania. The most important feature in this announcement is the great number of patients that were prescribed for, and operated on, in the presence of the class, at the College Clinic. It would seem as if most of the operations known to surgery had been performed, and many of them repeatedly.

3.—*Catalogue and Circular of the Albany Medical College*—1845. We notice no change in the Faculty, courses of instruction, or general arrangements of this institution. The most interesting item

of intelligence which we have noticed in this circular, is the following: "The College has received from the State, within the last four years, the sum of $16,000, all of which has been expended in improving the Building, and the purchase of Anatomical Preparations, Chemical Apparatus and Books."

When will the Medical Colleges of Pennsylvania be enabled to lift up their hands in grateful acknowledgment of such munificence? Not only all the Medical Colleges of New York, but those of nearly all the states of the Union, are liberally aided by contributions of money, apparatus, and buildings. In Pennsylvania, it is otherwise:—they are left to take care of themselves.

4.—*Annual Circular of the Washington University of Baltimore: Session*, 1845–6.—In the organization of this school, considerable changes have occurred. Dr. Annan has been transferred from the chair of Materia Medica to a chair newly created, entitled, "General Pathology, and Special Pathology, Physical Diagnosis and Treatment of Diseases of the Chest." The chair formerly occupied by Dr. Annan is filled by the appointment of Dr. Wilson; the chair of Obstetrics and Diseases of Women and Children, by the appointment of Dr. Fonerden, vice Dr. Jennings, resigned on account of "ill health and infirmities." The other chairs, we believe, are filled as heretofore.

5.—*Report on the Medical Department of the University of Pennsylvania, for the year* 1845.—This *Report* is addressed by the Faculty to the Alumni of the institution, and is intended to be issued annually hereafter. The following are the reasons assigned for this departure from the ancient practice of our Alma Mater:—"The Medical Faculty of the University of Pennsylvania offer the following statement in relation to the present condition of the school under their charge, in compliance with a wish frequently expressed on the part of their former pupils, and in accordance with their sense of what is due to the institution and its friends. A medical school, which has been in existence eighty years, which exhibits a list of graduates amounting to nearly four thousand four hundred, and has contributed to the education of eleven or twelve thousand physicians, presents a relation to the profession and to the community which is not without interest, and justifies, if it does not call for an occasional exposition of its concerns."

"The present Circular contains catalogues of the matriculants and

graduates of the last session, with an account of the present officers of the school, and a brief recapitulation of its condition in relation to the number of pupils who have attended upon its instructions, and received its honors since 1834." From a comparison of its present condition with that of former years, the institution has lost none of its former prosperity; indeed, the average of attendance on the lectures, "during the last ten years, has been greater than the general average since 1810." The number of the class of the last session is 447; and of the graduates of the last year, 160.

The Clinic held at the University the two past years, at which a large number of patients was prescribed for, and numerous operations performed in the presence of the class, is to be continued, and enlarged in its operations.

6.—*Third Annual Announcement and Catalogue of the Rush Medical College, Chicago, Ill.*—No alterations in the arrangement of the faculty are noticed, or in the courses of instruction. Additions to the means of illustration in the department of chemistry are mentioned, and among the apparatus, *a fine microscope!* A Surgical Clinic was held during the last session, at which it appears that twelve operations were performed. It is to be continued.

A friend and correspondent has handed us the following "Prospectus," with a request that we would give it a place in the Examiner. Dr. Greenhill is a learned and greatly respected member of the medical profession, and there can be no doubt, so far as it may be in his power to render it so, that the proposed publication will be able, interesting, and impartial.

PROSPECTUS.

1. It is proposed (with God's assistance) to publish in a series the lives of those Physicians who have been most eminent for their piety, in whatever age and country they may have lived.
2. The profits (if any) arising from these publications will be given eventually to some Medical Charity.
3. In this undertaking the Editor will be happy to receive literary assistance from such of his friends as may take an interest in the work.
4. As the whole of the present expense and risk falls upon the Editor alone, he will gladly accept any donations or subscriptions in aid of the design from persons who may feel an interest in it.

5. The lives will of course vary much in length, some forming each a volume of itself, and others constituting a distinct class consisting of much shorter notices. The volumes will not be published in any particular order, but they will be strictly uniform in size, type, &c.

6. The number of volumes to be published annually must depend on the amount of money received either from the sale of the works, or from the donations of friends.

7. The Editor will be answerable for the general accuracy and fidelity of the narratives, for the tone and spirit of the whole work, and for the selection of the lives to be published; and accordingly he will be deeply pained if any man of piety and good sense shall consider either that he has inserted in his list any name but those of Physicians really fearing God and loving Christ, or that he has published any life written in a low or unchristian spirit; but, as it is proposed to comprehend Physicians of all ages and countries, and not merely those who have been members of the Church of England, (still less those who have belonged to this or that particular party in it,) it is manifest that neither the Editor nor the Writers are to be considered responsible for the particular theological opinions which any of these individuals may have held.

W. A. Greenhill, M. D.

Oxford, *All Saint's Day*, 1844.

DEATH OF PROFESSOR RICHARDSON, OF TRANSYLVANIA UNIVERSITY.

By certain publications contained in the Lexington Observer of the 20th instant, we are informed of the death of Professor Richardson, of that city. On what day it occurred, and whether it was sudden or otherwise, is not mentioned. The following are the proceedings of his colleagues in reference to the event.

At a meeting of the Medical Faculty of Transylvania University, convened on the 15th instant, in consequence of the decease of the Professor of Obstetrics and the Diseases of Women and Children, the following minute was adopted:

Whereas, It has pleased Almighty God, in his infinite wisdom, to remove from our midst, our late colleague, Professor Richardson, who for a quarter of a century has been identified with the interests and well-being of the Medical School, therefore,

Resolved, That we deeply lament the loss of a colleague with whom we have been so long and so intimately associated, and whose influence has contributed, in no small degree, to advance the interests of Transylvania, and the profession in the West.

Resolved, That we will attend the funeral of the deceased, and so pay the last tribute of respect to his mortal remains; and that a copy

of this minute be sent to the family of the deceased, and also to the Observer and Reporter, for publication.

By order,

THOMAS D. MITCHELL, M. D., Dean of Faculty.

Lexington, Sept. 15th, 1845.

Professor Mitchell is to discharge the duties of the chair of Obstetrics, in addition to those of Materia Medica, during the coming session—in the mean time the Trustees of the University have issued a notice, inviting applications for the vacant Professorship, to be forwarded to the Dean of the Faculty, prior to the 30th day of January next.

RECORD OF MEDICAL SCIENCE.

Post-Mortem Caloricity of Yellow Fever.

By BENNETT DOWLER, M.D. of New Orleans.

CASES.—*The morbid caloricity, very great and uniform, from one to two hours after death, dissipates itself equally and simultaneously in the epigastrium and thigh.* October 2d, noon; room 84°. I. S., a German butcher, aged 29; last from Havre; resident eleven days; sick nine days; dead one hour; neck quite rigid, arms and legs moderately so; corneæ brilliant and natural, &c.; [at the commencement of the experiments, both pupils were dilated—one eye was closed—its pupil remaining stationary; the other pupil, after exposure to light contracted in an hour; all the while the covered corneæ was natural, while the exposed one, from desiccation, became dim or glassy;] axilla in 20 minutes, 106°; the thigh in 10 m. 106°; the left chest in 15 m. 106°; the thigh in 5 m. 106°; the epigast. in 10 m. 106°—5 m. 105°; thigh in 5 m. 105°—10 m. 104°—three hours dead.

The thigh gives the maximum—the whole mass at about 106°, *as long as observed.* N. E., born in Italy, aged 25; last from Marseilles; resident seventeen days; sick six days; dead twenty minutes; [abdomen concave, recti muscles contracted into hard knotty ridges; neck rigid; limbs flexible; the arm was extended—an axe or large hatchet being tied in the palm, the flexors of the fore-arm were struck with the inferior edge of my extended hand; the subject raised the fore-arm, carrying the weight, about three lbs., several times, striking the same near the centre of the trunk, at several places from the umbilicus to the upper end of the sternum, &c.—See Note.]—axilla 8 minutes, 106°; perineum (closing the limbs) 5 m. 104°; axilla 5 m. 106°—6 m. over 106—3 m. same; thigh 4 m. 105°—5m. 106½°;

epigast. 4 m. 106°—2 m. 106° and over; left chest 6 m. 105°; thigh 9 m. 106½°; left chest 5 m. 104°; epigast. 5 m. 106°; thigh over 106°; at about two hours after death, when the experiments were abandoned.

Two hours after death the heat continues to augment—soon reaches its maximum, continuing stationary, except a slight oscillation, for two hours—at the sixth hour, the law of atmospheric refrigeration prevails. Miss I., aged 23—skin very cold to the touch in the last stage of the black vomit. Died at 10 A. M., Sept. At noon air about 80°; two hours after death—axilla 5 m. 102°; vagina 5 m. 104°—5 m. 105°—10 m. 105°; axilla 5 m. nearly 104°—10 m. the same. Three hours after death, vagina 5 m. 104°; epigast. 7 m. 105°—3 m. falling—8 m. 104°; vagina 5 m. 104°, falling; rectum 5 m. 104°. Four hours after death, epigast. 5 m. 104°—3 m. 104°; vagina 5 m. 104° nearly. Six hours after death, axilla and thigh each 100°; epigast. 103°.

The thigh the hottest, but cools pari passu with the centre, contrary to the law of refrigeration in dead matter. F. L., born in, and last from France, aged 58; resident two months; sick eleven days; died Sept. 13th, at 5 P. M.; room 86°—10 m. after death, axilla 102°; knees by contact, without incision, 4 m. 102°; rectum 5 m. 104°; axilla 5 m. 104°; thigh 3 m. 104°—6 m. 106° and over; epigast. 4 m. 106° and over; thigh 3 m. nearly 108°—3 m. 108° fully—5 m. fell to 104°; left lung 5 m. 104°—right, in 5 m. over 103°; the other thigh 3 m. 104—2 m. 104°—3 m. 104°; base of the right lung 103°; thigh (old incision) 103°; epigast. 103°. Nineteen hours after death; room 86°; epigast. 89°; thigh 89°; left chest 88°—right 89°; middle of the arm 89°; calf of the leg 86°, exactly agreeing with the air. This subject, before rigidity set in, performed supination, pronation and flexion most beautifully. When the arm was extended at a right angle with the trunk, a blow over the biceps, not sufficient to injure the living, caused the fore-arm to bend, carrying the hand to the chest repeatedly.

Calorific focus in the epigastrium; in two hours the thigh exceeds the heart in temperature more than 4°. F., born in Cincinnati; steam boatman; aged 24; resident eleven days; treated with foot-bath, cups, enemata, sponging with hot brandy, carb. ammon., sinap., camphor, phos. calcis, cold to the head, arteriotomy. Aug. 29, 11 A. M., air 83°; sick eight days; hand 15 m. 104°; axilla 10 m. 105°. Sept. 1st, 1 P. M., room 84°. Dead half an hour; axilla 5 m. 101°—2 m. 104°—2 m. 105°—2 m. over 106°—2 m. same; thigh 5 m. over 106°—2 m. 107°—2 m. 108°—2 m. 107°; axilla 5 m. 107°, left epigast. 3 m. 109¼—2 m. 109°; right epigast. 5 m. 109°—at sundry places by perforating the linea alba, 106°; thigh 5 m. over 106°–5 m. same; base of the lungs and heart each 102°—an hour after removing the abdominal *viscera* the thigh gave 33° of Reaumur, or more than 106° of Fah. [A blow given with the flat side of the hatchet, over the biceps, caused the hand to be placed against the ear; a second blow carried it to the nipple; a third brought it to the perpendicular; a fourth gave but a

feeble motion to the hand, without elevating the fore-arm. The blows had been purposely severe; the contractility was killed; the muscle became inelastic or doughy, receiving the impression of the instrument from the last stroke. An hour after the other arm was very contractile.]

NOTE.—*Post-mortem* muscular contractility, and its very curious laws, I accidentally noticed several years ago; its production, duration and decline were all new to me. I have sought in vain for any satisfactory record of these phenomena, except in connection with galvanism. Had I time, I could turn to my MS. volumes containing some cases wherein this property continued six to seven hours after death, and hours after amputating the shoulder, with all its muscles —the fore-arm flexing so violently as to turn the shoulder over, causing the deltoid to rest on the table, instead of being uppermost, as it was before the muscular action. It is my intention to give an outline of this subject, as soon as convenient. I certainly do not wish to indulge any unwarrantable pretensions to discovery. Perhaps every body knows the facts to which I allude. But it is strange that our teachers do not show these experiments to students; they are infinitely preferable to the mummery of galvanism. A blow with the professor's hand will explain more of muscular contraction, than a thousand words. The muscles may all be even severed except the flexors of the fore-arm—the latter being dissected bare—the whole process and duration of contraction pass before the eyes, even after the amputation of the shoulder, proving that the spinal marrow is not necessary "to the contractile function of the limbs," as said by Dr. Hall.*—Generally, muscular rigidity (*rigor mortis*) first begins, and first ends, in the neck; *post-mortem* refrigeration takes place first in the head—these, with many other phenomena, incline me to think that soon or late it will be admitted that death, usually, if not always, begins in the brain, and that the body dies downward along the centre, and then outwardly, notwithstanding all that the illustrious Bichat has said of death beginning in the heart and lungs. This biceps muscle outlives any of the organs called vital.—*Bost. Med. & Surg. Jour.*

Adulteration of Veratrine with Lime.—According to M. Versmann, the Veratrine of commerce frequently contains lime, resulting from the employment of lime in its preparation. A small quantity of lime, moreover, facilitates the drying, and renders the preparation more beautiful. It is easily detected on incineration, and is best removed by dissolving the veratrine in spirit, precipitating with sulphuric acid, filtration, driving off the alcohol, and precipitating the veratrine with ammonia.—*Lond. and Ed. Month. Journ. from Buch. Rept.*

On Intra-thoracic Solid Tumours.—The history of these morbid growths has hitherto attracted very little notice from any pathological

* Vide the able work of Dr. M. Hall, New Syst., p. 42.

writer. Dr. Gintrac of Bordeaux, twenty years ago, published a memoir on the diagnosis of various thoracic affections. Among these he mentions several instances of Steatomatous and Tuberculous tumours connected with the pleuræ; and now his son M. Henri Gintrac, following the footsteps of his father, has, in his recently published "Essai sur les Tumeurs Solides Intrathoraciques, 1845," collected together the histories of thirty-two cases of solid tumours—developed within the chest, but not appertaining to, or primarily connected with, the thoracic viscera. The structure of these growths or tumours was, as might be expected, very different in different cases; sometimes it was *encephaloid*, at other times *scirrhous*, and in a third set of cases it was *tuberculous*. In several instances it has been said to be of a *steatomatous* nature. We shall briefly relate a few cases of this rare affection.

Case.—A man, 75 years of age, had been for a length of time asthmatic, and much distressed with palpitation of the heart upon any exertion. He became dropsical, and gradually sunk and died.

On dissection, a circular, somewhat flattened, osseous tumour was found at the lower and inner part of the right lung, the substance of which remained perfectly sound, but somewhat compressed. The left lung also appeared quite healthy; but it had been pushed upwards and backwards against the vertebræ, the lower part of the pleural cavity being entirely occupied with a large tumour that had become developed there. It proved to be a cyst with hard bony parietes, adhering by its upper surface to the substance of the lung, and by its lower to the diaphragm. The question naturally suggests itself, how are we to account for the development of such tumours in the cavity of the chest? If we attempted to answer, we might be inclined to say—perhaps by the osseous transformation of false membranes that had been formed during an attack of pleuritis at some former period. Several cases are recorded by M. Gintrac that were analogous to the one now briefly related; and in the history of one or two, it is not difficult to follow the connection of the phenomena which seemed to trace back the formation of the intra-thoracic tumour to an old pleuritic attack.

In other cases, the development of the morbid growth had clearly nothing to do with any previous inflammation in the part; for it was of an encephaloid or scirrhous nature.

The situation of such tumours was sometimes between the pleura costalis and pleura pulmonalis; at other times, it was between the latter membrane and the substance of the lungs; or between the former and the ribs. Occasionally they occupied the place of the mediastina; and in a few rare cases they seemed to have originated in the osseous substance of the ribs themselves. Some of the cases of genuine intra-thoracic tumour have, at different times, been published as examples of degeneration or of hypertrophe of the thymus gland—an opinion which M. Gintrac considers to be quite erroneous.

It is rare that these tumours have been diagnosticated during the life of the patient. Occasionally indeed this has been the case, as in the following instance.

A man, who had for many years been subject to catarrhal complaints in the winter season, had an attack of pneumonia in 1830. In the end of May, 1839, he received a heavy blow on the lower and anterior part of the chest. On the following day he found two distinct swellings in the part that had been struck. Being examined at St. Andrew's hospital in Bordeaux, it was found that one of these swellings rested outwardly upon the cartilages of the third, fourth and fifth ribs, and inwardly upon the corresponding part of the fore surface of the sternum. It was irregular and knobby on the surface, resisting to the finger, without any sense of fluctuation, and firmly adherent to the subjacent parts. The second swelling, not more than four *centimetres* apart from the other, was larger, and of a hemispheric shape. It rested on the cartilages and anterior extremities of the eighth, ninth, tenth and eleventh right ribs, being situated externally, or rather farther back from the median line than the other; it was equally unyielding and immoveable.

The patient was suffering a good deal, at the time of his admission into the hospital, with dyspnœa; this became gradually worse and worse, and he died fifteen days afterwards.

From the external appearances, coupled with the existence of symptoms that indicated a compression of the lungs, M. Gintrac, senior, gave it, as his opinion, that there was an intra-thoracic tumour in this case.

On *dissection*, a large tumour was found to occupy the entire front of the mediastinum, adhering firmly to the posterior surface of the sternum, and the cartilages of the ribs. The heart was pushed back, and the lungs compressed against the vertebræ. Similar morbid growths were found attached to the right clavicle, and to the inner surface of the 10th and 11th ribs on the right side.

Now, even in this case, it is very doubtful whether any correct diagnosis could have been formed, if it had not been that the presence of the extra-thoracic tumour naturally enough suggested the idea of the co-existence of similar growths within the chest.

In a somewhat analogous case, MM. Corvisart and Leroux mistook an immense fibrous tumour, compressing the left lung, for an effusion of fluid into the pleura. The case is altogether so interesting, and represents so well the phenomena which usually accompany the existence of tumours within the cavity of the chest, that we are induced to give the particulars of it.

A man about 33 years of age, accustomed to hard labour, was subject to alternations of profuse perspirations and sudden chills; he was attacked with cough, accompanied with mucous expectoration; to which were soon added hoarseness and dyspnœa, along with a sensation of pricking and pain, extending from the throat to the extremity of the sternum, and which was sometimes so acute as to occasion fainting. The dyspnœa increased daily. Some months after, hemoptysis supervened; the pains augmented; the beatings of the heart became more frequent and tumultuous. The lower extremities became œdematous, and the sleep uneasy and agitated.

When he entered the hospital, his face was pale and puffy, and his eyelids were œdematous. A slight pain was felt towards the larynx and at the commencement of the trachea; the sputa were puriform, often tinged with blood; cough frequent; respiration short, deep and sighing. The left side of the chest was more *bombé*, and rounded than usual; on percussion it did not give out any sound. The right side gave an obscure sound anteriorly, and a more clear one on the back and side. On applying the hand over the heart, no movement or pulsation of that organ could be felt. The patient preferred the sitting posture, inclining forward; but he could lie down either on the back or on each side, though more frequently and with greater ease upon the left one. The sleep was troubled with painful dreams. The pulse in both arms was small, frequent, and tolerably regular; generally, a little less strong on the left than on the right side. The skin was slightly œdematous over the whole surface of the body: the feet were much engorged.

Corvisart, judging as much from the symptoms manifested since the attack of the disease, as from the signs furnished by the actual inspection of the patient, having especial regard to the total absence of sound in the left side of the chest, thought it was a case of effusion, filling all the left cavity of the thorax, and compressing the lungs so as to annihilate their functions. The breathing became worse, the expectoration altogether purulent, and the patient gradually sank and died.

Dissection.—In place of the effusion that had been predicted, there was a solid mass, of a reddish white colour, and of an irregular and nodulated surface, which filled the left side of the thorax, occupying also the usual place of the mediastinum, and extending upwards and in front on the right side. The left lung, of which the parenchyma was almost entirely disorganized, was reduced to a state that was almost lamellar: it contained besides an abscess in its substance. The right lung was considerably diminished in size; and the mediastinum, the pericardium, and the heart were pushed into the right cavity. The tumour was evidently situated between the debris of the upper lobe of the left lung, and the mediastinal pleura.

Pleural effusion is not the only morbid condition that may be mistaken for the presence of intra-thoracic tumours. M. Gintrac relates several cases where these growths have been accompanied with all the usual symptoms either of pulmonary or of cardiac disease. In a few instances, the most conspicuous symptoms were those indicative of hepatic derangement. With all our improved means of diagnosis, derived from Auscultation and Percussion, the case will almost always be one of perplexity and doubt. If there happen to be any outward tumours on or near to the thorax, and if the constitution of the patient be decidedly cachectic, and especially if the shape of the chest has become visibly altered since the first occurrence of the symptoms, we may possibly be led to form a correct opinion. The age of the patient may partly assist us; for most of the cases, hitherto observed, have occurred in middle-aged and old persons. In more

than one instance, the aggravation, if not the invasion, of the symptoms was traceable to a blow or other injury of the chest. In almost all the cases collected together by our author, the heart was observed to be more or less displaced from its natural locality: this therefore is a phenomenon that deserves to be taken into account in our attempts to form a diagnosis. As a matter of course, the symptoms must vary alike in their character and intensity, according to the parts which are compressed or otherwise injured by the unnatural production within the thoracic cavity.—*Med. Chirurg. Review.*

Illustrations of some of the forms of Sudden Death. By D. J. T. Francis, M. B.—We invite the attention of all our readers to the following summary of Dr. Francis' very instructive communication, (in Guy's Hospital Reports) and beg of them to bear in mind the remarks which we have made on the treatment of Apoplexy in a previous page. They will find, in the present article, fresh proofs of the necessity of caution in the use of blood-letting in the medical management of a sudden *fit*, whether it be of an apoplectic nature or not.

Within a period of two years and five months, 1000 deaths occurred among the inmates of the Manchester workhouse, in which Dr. Francis is the resident medical officer. Of this number, nineteen were instances of what is usually understood by the term "sudden death;" which it is intended, with one or two exceptions, to apply, in the following narration, to those cases wherein life has become extinct within a quarter of an hour from the commencement of the fatal seizure. We proceed to analyse them; this it is the more easy to do, as they are arranged under separate heads.

I. *Cases in which the Cause of Death was seated in the Brain.*

Three examples are given. The first occurred in a man, æt. 56, who, although he had been disabled for four or five years by a partial palsy of the left arm and leg, continued in good general health. One day, while standing up in the middle of the yard, passing his urine (he had considerable difficulty in micturition,) he was observed to glide easily to the ground: he gave two or three short cries, but there was no struggling. "Within two minutes after he fell, being close at hand, I saw him; but from this time there was no attempt at inspiration, the whole apparatus being quite motionless, although the heart continued to beat, pretty forcibly at first, and afterwards with a series of three or four faint pulsations, and gradually lengthening intervals, for nearly three minutes after I first saw him. The face was not remarkably livid: the pupils were somewhat, but not much, dilated. From these circumstances, an effusion of blood interfering with the respiratory portion of the medulla oblongata, and annihilating the perception of a 'besoin de respirer,' was predicted."

Dissection.—Extensive effusion of blood at the base of the brain and around the medulla oblongata. Lateral ventricles empty; a few clots in the fourth ventricle. The arteries at the base were studded with opaque atheromatous spots; on gently throwing a current of

water into the basilar artery, two jets issued from apertures in the posterior cerebral arteries. *Heart* sound, or nearly so. Some traces of an old pleuritic and pneumonic attack in the left lung. Abdominal viscera sound.

Case 2.—A man, æt. 58, having been absent for a minute in the water-closet, was heard to fall on the gound He was found comatose; the breathing was slow and heavy; the countenance was of a sub-livid hue; the pulsations at the heart and wrist were full and powerful, and continued most distinctly for some time after all attempts at respiration had ceased. The pupils were at first contracted; and afterwards somewhat, but not greatly, dilated. Death took place in about eight minutes. This man had had an attack of partial hemiplegia six years before.

Dissection.—The lateral ventricles of the *Brain* contained a large quantity of bloody serum and florid clot. Great softening of the *fornix* and of the ventricular parietes. There was extensive effusion of recent coagulated blood at the base of the brain. The fourth ventricle was filled with a coagulum, which, after firmly investing the medulla oblongata, passed down the spinal canal, as far as it could be seen. There was no appearance of disease in the posterior cerebral or basilar arteries; but, when water was thrown into the latter, it escaped freely from the vessels in the fissure of Silvius, which were becoming opaque and hardened. *Lungs* almost entirely healthy. Pericardium adherent in nearly its whole extent. Left ventricle of the *heart* much thickened; valves sound. Both kidneys granular.

Case 3.—A man, æt. 54, a tailor, soon after eating a hearty breakfast of porridge and milk, and while sitting in the usual cross-legged posture at his work, suddenly complained of pain in the head, and fell from his seat, becoming almost immediately quite insensible. He had returned from the water-closet only a few minutes previously. He died within five minutes from the moment of the seizure.

Dissection.—All the sinuses of the *brain* were enormously distended: its substance throughout seemed healthy. Ventricles empty. No appearance of extravasation anywhere. After the brain was removed, several ounces of blood flowed from the spinal canal and the base. Both *lungs* were excessively gorged with fluid blood. The *heart* was small, pale, and flabby; left ventricle thin and lacerable; when cut into, there escaped about four ounces of dark fluid blood, much of which came from the aorta. The right side was not quite so full of blood; the ventricle containing a loose fibrinous clot, the only one found in the body. The abdominal viscera were dark and congested, but seemingly healthy otherwise.

General Remarks.—With respect to these three, and such like cases, we may presume that the cause of death is pressure upon the *medulla oblongata*—whether applied immediately to the part from extravasation, or indirectly from the general distension of the cerebra mass with blood—and the consequent suspension of the function o Respiration. The following illustrative observations will be rea with interest.

"Independently of the pathological interest which attaches to these cases, they were alike characterized by a remarkable symptom, which, as it was carefully observed, could not fail to arrest the attention;—I mean, the decided manner in which the action of the heart and the pulse at the wrist were prolonged, after the respiration had completely ceased. This circumstance was obviously due for its cause to the especial manner in which the hæmorrhage that had taken place had compressed the medulla oblongata, and so annihilated the function of the part which presides over the respiratory movements; whilst the heart, being less completely under the influence of that portion of the nervous system, had continued in its action, ceasing only from the obstructed circulation through the lungs. Experiment and previous pathological observation had long since established the fact of the dependence of the respiration upon integrity of the medulla oblongata; but the availability of the priority in cessation of the action of the heart or lungs, as a means of elucidating the causes of sudden death, appeared further to be an object well worthy of careful investigation." 97.

II. *Cases in which there was Congestion of the Right Heart and Lungs.*

Case 4.—A woman, æt. 73, was sitting upon the close-stool, to which she had walked unassisted, and suddenly exclaimed that she was blind. She was helped into a chair, and, in less than ten minutes (perhaps five) was dead. There was no struggling; the countenance remained quite placid. She had been heard to complain of palpitation of her heart for two or three days before her death.

Dissection.—The *brain* was remarkably healthy; so were the *lungs* upon the whole, except that they were much congested. *Heart* rather large; much fat upon its surface and among its fibres; the valves healthy; all the cavities contained a great quantity of fluid blood like tar: upwards of three pints flowed from the section of the great vessels. There was a remarkable accumulation of fat, and also many enlarged bronchial glands, closely applied around the base of the heart. "The loose cellular tissue about the apex of the pericardium had become converted into a dense steatomatous tumour, which had insinuated itself between the vessels, and left visible marks, in the alteration of form which had followed, of permanent compression of the pulmonary arteries and veins." The parenchymatous viscera of the *abdomen* were much congested.

Here then was an example of genuine Asphyxia.

The next *case* (No. 5) is in many respects similar to the preceding one. An old woman was in the act of dressing herself, when she suddenly became faint, sank into a chair, and in a few minutes expired. She had been complaining, the day before, of dyspnœa.

Dissection.—In this case, too, there was an immense mass of enlarged and indurated bronchial glands—one or two of which were almost as large as a hen's egg—surrounding the lower part of the trachea and the bronchi, which were flattened and compressed. The

great blood-vessels also must have been subjected to considerable pressure, when the morbid mass was turgid with blood. The *lungs* were saturated with fluid blood. The *heart* was rather large. The head was not examined.

Case 6.—An idiot boy, 10 years of age, was found dead in his bed. He had never been affected with epilepsy. On *dissection*, the chief morbid appearance found was the *thymus* gland of very great size, mottled with intense congestion. The *thyroid* also, and the communicating slip between the two lobes, were in a similar condition. When full of blood, they must have caused considerable pressure upon the great vessels and bronchi. The whole venous system was much congested and loaded with blood.

The enlargement of the Thymus in this case deserves notice, from the circumstance that this lesion is believed to have something to with some alarming chest diseases in children.

Case 7 is entitled. *Emphysema of the Lungs, Fat Heart, Repletion, Exercise, Exposure to Cold; sudden Death within five minutes.* The most conspicuous necroscopic appearance was enormous distension of the cavities of the *heart* with fluid blood: the walls of the ventricle on this side were much thickened. Both *lungs* were emphysematous; their central parts loaded with blood and serum. The *brain* was sound.

Case 8 was similar in most respects to the preceding: the patient died within five minutes after the attack.

Case 9 was one of sudden Hæmoptysis. A cachectic young man, while carrying a box of medicines up stairs, was seized with a copious exspuation of blood. He died within five minutes of the attack. On dissection, the *lungs* were found to be deeply congested, and had acquired a spotted appearance in parts, from blood having been drawn into the air-cells. The *heart* was sound. The liver, spleen, and kidneys were immensely hypertrophied,* and soft and pale in texture.

Case 10 affords another example of Asphyxia from pulmonary hæmorrhage. The patient, æt. 33, was phthisical. While straining and coughing upon the close-stool, he began to spit blood, and continued doing so until his death, in about 12 minutes from the moment of the attack.

Dissection.—In the upper lobe of the left lung was a large irregular vomica, from which the hæmorrhage appeared to have taken place; for along its wall ran a branch of the pulmonary artery, almost entirely denuded of surrounding tissue. Water thrown into the pulmonary artery escaped abundantly into this vomica, and apparently from the denuded vessel, where it was dipping into the pulmonary tissue; but the existence of an opening in it could not satisfactorily be ascertained. In several parts the blood appeared to have been drawn into the areolar tissue of the lung, small patches of increased redness and density being scattered about. Heart healthy.

* * This term is greatly misused in the present day. The viscera mentioned were doubtless much enlarged in dimensions; but surely the enlargement was not from *over-nutrition.*

Case 11 is entitled *Hæmoptysis—Obstructive Disease of the Heart —Sudden Death in the Night.*—The patient was found dead in her bed. She seemed to be quite well the night before. On *dissection*, blood was found throughout the air-passages generally. The *lungs* were greatly congested. The mitral valve was much puckered, and the left auriculo-ventricular opening considerably contracted.

In the three preceding cases, death seems to have been occasioned by the obstruction to the admission of air into the pulmonary cells from the extravasation of blood. "The chief danger, under such circumstances, would seem to arise from the suddenness and extent of the hæmorrhage, the blood being poured out more rapidly than its evacuation can be effected; in addition to which, it coagulates about the fauces and mouth, especially when the expulsive efforts on the part of the patient begin to fail. When these conditions are most effectually in operation, asphyxia is accomplished as speedily as in cases of drowning, strangulation, and the like; as was evidenced in Case 9, where life became extinct in from three to four minutes from the moment of seizure."

III. *Cases in which Death was the result of Syncope.*

Five examples are given under this head. In the first the death was almost instantaneous from *rupture of the left auricle*. The pericardium contained nearly 20 oz. of blood.

The next case is more interesting from the more gradual sinking of the patient, who was 59 years of age. Dr. Francis says:

"At 10 A.M. on September 22d, 1844, I was sent for to visit him. He had been taking a short walk, and whilst in the act of practising upon the violincello, previous to playing at church, he was seized with intense pain across the forehead, faintness, and vomiting. He was sitting with his body bent forwards: the face was pale, shrunk, and expressive of agony: the pupils very slightly dilated. The intellect was unimpaired: the heart's action was very faintly perceived; the pulse scarcely at all.

"He was conveyed to bed, but died in about one hour and a half from the commencement of the seizure, having previously experienced some severe pains in the cardiac region." 89.

Dissection.—The pericardium contained about 26 oz. of blood. *Heart* not much affected; but the aorta greatly diseased. Its internal coats were very brittle, and lacerable. At one point there was a round, ragged, opening in the external coat, large enough to admit a crow-quill; and about half an inch lower down there was a longitudinal slit in the internal coat of the vessel. Thus the lacerations in the two tunics did not correspond. Hence the cause of the extravasation of blood into the pericardial sac having been slow and gradual. The circumstance of this patient having been suddenly seized with "intense pain across the forehead, faintness, and vomiting," might naturally have suggested the idea that it was a cerebral attack. Perhaps it was so in part; for, although the substance of the brain ap-

peared, on dissection, to be quite sound, its arteries were extensively ossified, so as in some parts to be nearly obliterated.

In *Case* 16, the sudden death was owing to the *rupture of an Aneurism* of the descending thoracic aorta into the left pleura. The heart was sound. The other two cases under this head need scarcely be mentioned. In one there was a large aortic aneurism; the patient died almost immediately after attempting his own life, although he inflicted scarcely any injury upon himself.

IV. *Cases where Death resulted from Epilepsy.*

Three examples are given. In two, the sudden death occurred during the night in bed. In the third the patient had had several fits during the day of her decease: after one, at 9 P.M. being at the time in bed, deep coma supervened, and she died in a few minutes after its commencement. In none of these cases did dissection reveal any thing conclusive as to the cause of death. How unsatisfactory, upon the whole is the necroscopic history of this disease, Epilepsy!

Here we close our notice of this valuable paper, with the following interesting extract. "In the absence of previous history, and under circumstances which afford but little time for deliberate reflection, the observation of the condition of the pulse and breathing would seem, so far as the few cases herein cited will allow, to be available with readiness in the diagnosis of the causes of these sudden deaths: at the least, encouragement is given for further investigation. It has fallen within the experience of most persons to have met with such cases, where, in the absence of post-mortem examination, various interpretations have been put upon the symptoms, whether referrible to lesion in the head or chest, by different observers who have been present. Thus the sudden approach and ingravescence of the attack are not at all times in favor of the heart, as is borne out by the three cerebral cases, especially Case 3. A pallid or livid face may be compatible with most of the varieties of sudden death; and in those cases wherein the state of the pupils is noticed, no uniformity was observable. Again, intense pain in the head, which, if present, might seem fairly to indicate a cerebral lesion, was most strikingly evidenced in the case of I—— (Case 13), who died from hæmorrhage into the pericardium. Vomiting, also was a prominent symptom at the advent of this man's seizure. In fact, most of these signs are indicative merely of certain accidental complications not necessarily connected with the fatal lesion; and may therefore exist with lesions of totally different characters, provided only that the conditions upon which they depend happen to be present."

Our readers will probably have observed, from the preceding cases. how frequently the fatal attack appeared to be owing to the straining that attends the act of defæcation.—*Medico-Chirurgical Review.*

The Nature and Development of Accidental Productions. By Ch. Baron, M.D.—This communication is part of an entire work upon the subject to which it relates, presented some time since to the Academy. That portion of it which relates to *Tubercle* has already appeared in the Archives Generales de Médecine, for 1839.

Before considering any of their varieties in detail, the author first states his reasons for considering *all Accidental Productions are of an identical nature and origin.*

1. *The frequent similitude of anormal tissues.*—This is sometimes so great, in some of the intermediate stages of morbid growth, that one is with great difficulty distinguished from another. Thus we may be at a loss to decide whether certain visceral changes should be referred to unsoftened encephaloid, to scirrhous, or to fibrous tissue. The same may often be observed in respect to tubercle and encephaloid in a state of crudity. In some organs the difficulty is greater than in others, and, as M. Cruveilhier observes, nothing is more difficult than the classification of tumours of the brain.

2. *The mutual Transformations which are sometimes operated among some of these productians.*—Thus pus may be converted into a false membrane, cancer into pus, hydatids into tubercle or cancer, cartilage into bone, and tubercle into stony concretion.

3. *Their simultaneous Appearance.*—The author does not agree in the opinion still held by some observers, that different morbid tissues exclude each other. Different morbid products may be observed in different organs, in the same organ, or even in the same tumour. One accidental production may even be developed within the interior of another: *e. g.* tubercles within the substance of false membranes.

4. "*Their Analogy of Structure.*—The masses in all these productions are constituted of small tumours, which we may call initial, and which, in most instances, approach the spherical form. They are formed of various superimposed layers, which seem to converge towards the centre. Frequently the colour and density are not alike throughout the extent of the tumour, the centre being usually the least consistent part. Around accidental tumours is a vascular network, whence branches are sent into their substance in which many are lost, and frequently, in following the vascular ramuscules which penetrate the morbid tumour, we observe they terminate in one of the little granules, the assemblage of which constitutes the mass."

5. *Their Organization and Vitality.*—The majority of these productions are organized, and thus may undergo changes in volume, suppuration, &c. Their vitality, which is restricted, and not alike in all, is due to the vessels which supply them with the material of their nutrition, and maintain their relation to the general circulation.

6. *The Analogy of their Development.*—Most productions are first visible as white or yellowish-white points. Their consistence increases faster than their volume or colouration. This is their period of crudity, which is wanting in some, as pus. Sooner in some than n others the period of softening occurs, commencing in the centre.

A more minute inspection shows that, in the earliest stage of their existence, the greater part of these productions are in the fluid state.

7. *The Analogy of Seat.*—Organs well supplied with vessels are those which are liable to accidental productions, and it is in their most vascular portions that these are developed. They are not found, however, in the vicinity of the large, but in that of the small vessels; *e. g.* it is not in the vicinity of the roots of the lungs that the morbid productions of these organs are deposited, while it is the corticle substance of the kidney that is affected with granulations.

8. *Their Generalization.*—The disposition to this is so great, that one may almost say it is more common to find several simultaneous depositions of a given accidental production than to find one only.

9. *The Condition of the surrounding Tissue* is nearly alike in all. During the period of crudity the fibres of this undergo only slight separation and compression, but during the period of softening it offers the characters of chronic inflammation. The morbid product, at the period of its origin, is surrounded by an areolar injection, which has been erroneously considered inflammatory. Sometimes the neighbouring vessels are found to contain more or less coagulated blood.

10. *The Analogy of Symptoms.*—The local symptoms, depending on the obstruction the deposit causes in the organ, are very similar in the various accidental productions, and these cannot be distinguished form each other by their means. The general symptoms, especially manifesting themselves during the period of softening, although they occur at different stages of the disease in different cases, bear a great resemblance to each other, and are especially characterized by the exhaustion of the powers of the frame.

11. *The Ætiology is frequently the same*, as shown in the effects of hereditary influence, inflammation, congestion, contusions, &c.

12. *The Chemical Composition* is remarkably similar—the differences being almost wholly due to the varying proportion of the same elements.

"The reasons which I have now assigned seem to me to sufficiently prove the identity of the origin and nature of accidental productions. What I wish now to show is *the identity of non-analogous morbid productions and of analogous morbid productions.* The propositions above enounced nearly equally apply to these two classes of productions, and we may refer especially to the frequent simultaneous existence of analogous and non-analogous degenerescences. Thus, one often meets with, in the same subject, and often in the same tumour, encephaloid matter, tubercular and osseous, scirrhous and fibrous tissue. Considering, then, these analogous and non-analogous productions identical, it results that the origin of morbid tissue is the same as that of the normal tissues. It is, indeed, impossible to deny that accidental cellular and tendinous tissue is identical with normal cellular and tendinous tissue, and as we admit the analogy of the analogous and non-analogous morbid products, we must admit the community of origin of normal and anormal tissue. Professor Bouillaud observes, 'the laws which preside over the formation and development of the anormal tissues are but modifications of those to which

the formation and developement of normal tissues are submitted.' This analogy is further proved by the vascularity and evident organization of the accidental productions, their participation in the general modifications of the organism, and their vitality."

Trousseau and Leblanc, and others, have referred the origin of these productions to a *sub-inflammation;* but no inflammatory process is usually set up around them unless and until softening occurs, and, if it existed, would produce very different results, accordingly as these productions were situated in one organ or another. The opinion of Cruveilhier, that they are due to a *phlebitis*, because coagula are sometimes found in adjoining vessels, is not more tenable.

These anormal tissues are generated from the *blood*, and therefore an afflux of this fluid, or even in some cases inflammatory action, is favourable to their production. It is difficult to go beyond mere hypothesis in stating how these changes in the fluid are affected. However, the developement of certain products from effused and coagulated blood has been observed. "We see the blood arrested in its vessels or effused into the tissues, and the resulting coagula themselves induce a true secretion, a separation of the elements necessary for the formation of the morbid production. Certain elements of the blood disappear by absorption, and others are subjected to successive transformations, whence result the anormal products." The names of Abernethy, Forget, Andral, and Piorry, are cited in proof of this generation of anormal productions in coagula.

Encephaloid Matter.—After describing several autopsies, in which the gradual conversion of a coagulum into encephaloid matter was observed, the author thus sums up his observations:

"In a great number of cases a coagulum is deposited in the organic tissue or is yet contained in the vessels. The serum is first absorbed, and the colouring matter is removed, the concretion becoming fibrinous, yellowish, then whitish, and augmenting more and more in consistency. The matter then becomes smooth and lardaceous like dense cerebral matter, a slight rose colour pervading it. The degeneration is usually more advanced as we approach its centre, so that sometimes the encephaloid matter is completely formed and even softened at the centre, while the circumference is yet constituted of fibrinous blood, or of blackish red blood, the consistency of gooseberry jelly. At a later period, the external layer of the production may become converted into an enveloping cyst, or may act as a partition in a mass when many tumours are conjoined. The cyst is often, however, formed of the cellular tissue of the organ in which the tumour is deposited.

"The mass increases by the addition of new material which the numerous vessels that traverse it supply, by the conversion into encephaloid of the effusions of blood which occurs in its various portions, especially towards its centre, and after by the union of many neighbouring tumours."

After offering a similar explanation of the origin of *colloid* or *gelatinous cancer*, the author next presents several observations upon

Hydatids of the Lungs and Pulmonary Apoplexy.—The blood effused into the texture of the lung, constituting pulmonary apoplexy, when not absorbed, may undergo great change. The most excentric layer of the effusion may have undergone absorption, leaving a yellowish intermediate layer containing blood in its cavity. Sometimes, as this fluid internal portion of the blood disappears, this yellow envelope contracts and remains a persistent cicatrix. In other cases the fluid is removed from the centre by communications with the bronchi, or by the interior of the envelope taking on the secretory action, and a hydatid cyst is left, which becomes lined with a smooth polished membrane, and filled with a serous fluid.

"I add, as a proof in support of this mode of the origin of hydatids, that a common cause of their development is a fall or shock, such as may produce a commotion and effusion of blood in the organ which contains them. Further, we often see morbid tumours constituted at once of serous sacs and of other accidental productions, due generally, as I believe I have shown, to the transformation of the effused blood. This simultaneousness of development in the same parts of the economy seems to prove that the acephalocysts and other accidental productions have a common origin. Lastly, as M. Berard states, it is in the spongy portion of the long, and the diploe of the flat, bones, *i. e.* in the most vascular portions, that hydatids ordinarily develop themselves. So, too, within the cranium, it is chiefly near the pia-mater, the vascular network enveloping the brain, that hydatids arise, and especially in the fissures, in which are lodged the principal arterial branches.

"To those who may feel surprised that the most excentric layers of a coagulum should be connected with an hydatid cyst, non-adherent to the cavity containing it, I may answer that the walls of the acephalocyst possess all the properties of fibrine and albumen, and that, since the work of Legroux on Sanguine Concretions, it is impossible to doubt that a coagulum may be converted into a cyst; and that M. Bouillaud, among many other authors, cites numerous enough examples of coagula being so converted into simple or compound cysts. We must not regard the transformation of the pulmonary apoplectic deposits as a fiction, drawn from a rational induction, but as a fact resulting from observation; for, as cerebral apoplectic *foyers* are frequently converted into serous cysts, the occurrence of the same thing in the lung can hardly be disputed."

Melanosis.—After citing the observations of several authors, to prove that melanosis is produced by a transformation of the coagulum of the blood, the author observes:

"The chemical composition of melanosis has thrown much light on its nature. All chemists who have analyzed this matter have remarked its great analogy to the blood. It is seen by the analysis I have given above, that fibrine, albumen, oxide of iron, and many salts, are found in it in notable proportions, and very similar to those which exist in the blood. But there is a principle to which we must direct some attention, namely *carbon*, which is found so abundantly

in melanosis as to constitute one-third of its substance. As this principle only exists in small proportion in the blood, a supplementary quantity must be formed to constitute melanosis. The proportion of carbon is probably not the same in all melanoses, being feebler in those which are soft and reddish brown, than in those which are black, dry, and dense. It is easy to prove that melanosis is constituted by the combination of most of the elements of the blood with a considerable quantity of carbon, but it is not so to discover the origin and mode of formation of this carbon. According to MM. Barruel, Foy, Trousseau and Leblanc, the cruor is the only element of the blood whose change can furnish it. This theory of its origin is a rational one. Nevertheless, I believe carbon may also be derived from other sources. Thus, in the lungs, a portion may be derived from the chemical act of respiration. A part retained in the lungs mixes with the blood, whose coagulation it produces, and from its mixture with this coagulated blood, results the melanosis. The carbon of pulmonary melanosis may also be in part produced by the combustion of bodies employed in artificial illumination."

On the Black Pulmonary Matter.—The author, in concluding his paper, details the usual appearances which the deposition of the black pulmonary matter presents. It is found at the surface of the lungs, either in the form of mere points, lines, or superficial layers. On examining the interior of the organ, points and lines of black substance are found chiefly in the interlobular tissue, and augmenting in size as they approach the roots of the lungs. Most of these become continuous with small vessels which have exactly the appearance they would have if injected with some solidified black matter. In the bronchial glands at first a black point is observed, then layers of black matter, and at last a sort of general infiltration, which hardly allows the normal tissue to be distinguished. Sometimes it is deposited in amorphous masses.

Dr. Baron considers this black pulmonary matter to be primarily deposited within the bronchial veins; and that its presence in ripe and advanced age is one of the causes to which the diminution of the respiratory powers may be attributed. He regards it as coagulated blood conjoined with carbon. The coagulation may be produced by the presence of carbon, which may be derived from the chemical act which constitutes hæmatosis, and from the combustion necessary for artificial illumination.—*Ibid.*

A Memoir on Uretro-Plastie. By M. Segalas.—M. Segalas, in a letter addressed to M. Dieffenbach, in 1840, stated his opinion, that the attempts at reparation of a breach of substance of the urethra had hitherto failed in consequence of the contact of the urine with the parts concerned not having been prevented; and, at the same time, detailed the particulars of a case in which, this latter object being attained by making a preliminary incision in the perineum, and intro-

ducing a catheter through it into the bladder, a complete cure resulted. A second case was similarly treated by M. Ricord, and a third forms the subject of the present communication.

This patient, aged 30, exhibited a large loss of the spongy portion of the urethra, the consequence of gangrene supervening upon a ligature he had attached to the penis when a child. The urine and seminal fluid passed entirely by this aperture, which was an inch in length, and occupied the entire thickness of the urethra, a deep transverse cicatrix being observed also to surround the corpus cavernosum. The portion of the urethra anterior to the loss of substance was much narrowed, but easily admitted a probe, and when the patient approached the two orifices of the defective portion he could force urine through it. The operation was divided into three stages; in the first, the prepuce, which was phymotic, was divided, in order to relax the parts afterwards to be operated upon. Six days after, a free opening was made into the membranous portion of the urethra, and a gum-elastic catheter introduced. The urine thus being prevented coming in contact with the canal, and the parts being in a tranquil state, the operation was completed, three weeks after the first incision of the prepuce, by dividing the edges of the defective portions of urethra and bringing them into contact over a bougie by means of the twisted suture. The wound healed kindly, except at one minute point, which remained fistulous for a very long period, notwithstanding the application of various cauteries, &c. It, however, eventually completely healed, though not until its orifice had been incised. The operation was performed the 18th August, and the catheter removed from the perineum the 26th November. Dieffenbach had objected to this operation, that the wound made in the perineum might itself remain fistulous. Such has not been the case in the other cases reported, and in the present one, it closed in a few days after the removal of the instrument. Although perfectly able to evacuate the bladder by the urethra, the patient was recommended to do so for a considerable time by means of a catheter. Throughout the treatment of the case neither fever or irritation manifested itself.—*Ibid.*

Death from Aconite: Inquest.

The death of a respected member of the profession, Dr. Male, was announced in a late number of the Provincial Journal. In consequence of various rumors which had been circulated as to the cause of this event, an inquest was held, of which the following account, taken from the Birmingham Advertiser of July 31, presents some points of interest connected with the exhibition of powerful medicines:—

The first witness, John Barker, deposed that he had lived in the service of the deceased nearly eight years, and spoke to the doctor's health up to a recent period. He was 66 years of age. On Wednesday, the 23d, he was out, and on Thursday morning, about seven

o'clock, witness took him up a cup of coffee, which he drank. He (witness) then went to the stable, and soon after deceased came down complaining of a pain between the bowels and the chest. Deceased had complained for some time past of pains in the back. He had some warm water taken up to him, and was sick two or three times. Deceased asked him if he looked unwell, and witness replied he looked very unwell. In a short time, Miss Male, his daughter, came to him about nine o'clock. On Friday the deceased sent for him; he appeared alarmingly ill, more so than he had ever seen him before. He said he wished to bid him, (witness,) farewell, and to evince his kindness and respect towards him. He seemed to consider himself in a dying state. He did not blame any person for his illness. Witness did not know of his taking any medicine.

Mr. Russell, surgeon, of Newhall Street, was next sworn, and said, I have known the deceased for a number of years. He has complained to me occasionally, for six weeks or two months past, of pains in the back and loins. On Thursday morning, about half-past nine, his son, the Rev. Dr. Male, came for me, and on going to his father's house, I found the deceased in bed. His extremities were cold, the general surface of the skin cold and clammy, the pulse quick and feeble, (at 130,) with cramps and pains in his legs, and spasmodic pains in his stomach. He said his head was confused. He told me that, not experiencing relief, (alluding to the pains,) from medicines in ordinary use, he had been taking tincture of aconite. He then asked me if I had ever given the medicine, and I said no. I then asked him what doses he had taken, and he replied on the preceding Sunday five drops, two or three times a day. I cannot be positive whether he said twice or thrice, but I believe he said two or three times a day, and had increased it to six, eight and ten drops. One dose of ten drops only had been taken on the previous night. He had been also suffering from diarrhœa for a few days, and he had taken a dose of ten drops of solution of opium early that morning for it. I inquired where he had got his notion from relative to the aconite. He said he had been reading a book now circulating through our societies treating upon the advantage of aconite in similar pains. He expressed his conviction that he should die, that the medicine was too powerful for him; but he also expressed his most earnest desire that he might recover, as his life was of the utmost importance to his children at this time. This he repeated during his illness, to myself and Dr. James Johnstone. I cheered him as much as I could, reminding him of his former depression when ill, and that I thought he had nervous power sufficient to wear out the effect of the medicine he had taken. I gave him mild aperients to overcome the poison, with camphor and ammonia. His son-in-law, Mr. Amphlett, saw him along with me in the evening, and we left him somewhat, in our opinion, relieved.—On Friday we again met, and towards evening with Dr. James Johnstone, as we found him more sunk. Dr. Johnstone agreed with us in our treatment, &c. Late that evening I found him in a dying state, gradually sinking. He was in a torpid state, from which, however,

he could easily be roused, and then his intellects were clear. He had no paralysis. His death took place about ten o'clock on Saturday morning. He was perfectly composed, and took an affectionate leave of myself and others, reminding me that for thirty-five years we had lived together in an uninterrupted friendship. Twenty hours after death I made a *post-mortem* examination, in the presence of Mr. Clayton, Dr. James Johnstone, Dr. Bell Fletcher, and my son. His body, with the slightest possible exception, was in a healthy state. The blood was unusually fluid. Witness described the appearances, which presented nothing remarkable, and concluded by attributing death to the accumulated doses of the aconite depressing the nervous system.

In answer to some questions put by jurors,

Mr. Russell said that such doses would not be likely to leave traces in a *post-mortem* examination beyond a fluidity in the blood. Had deceased been a younger man, in all probability he would have recovered from the shock of the medicine. Aconite is little used, and he was not prepared to say that ten drops would produce fatal effects.

The Coroner then briefly alluded to the circumstances which had induced the family to request an inquiry into the melancholy event, an event which he, in common with the medical profession generally, most sincerely deplored. The deceased was respected and honoured in life, and his loss so calamitously brought about, would be extensively and deeply felt by more than one class of society.

The jury then gave in a verdict of "Accidental death from an overdose of aconite taken medicinally by the deceased."—*Provincial Med. & Surg. Journal.*

Punctured wound of the Abdomen. By Samuel Sumner Dyer, House Surgeon, of King's College Hospital, London.—August 2d. George Copley, aged four years, residing in Drury Lane, whilst playing with a lancet-pointed erasing knife, accidentally punctured his abdomen three inches above, and to the right of the umbilicus; he was immediately brought to the Hospital, with three inches of the omentum protruding from the small wound, from which there had been no bleeding. The patient complained of but little pain; and as the returning of the protruded portion would have necessitated much handling, and the probable consequence thereof—severe inflammation—I immediately cut it off to a level with the abdominal parietes; a small quantity of blood was uninterruptedly permitted to flow, before the application of a compress of lint, which was kept in its place with strapping and a bandage, and the patient was put to bed.

3d. He has slept well all night; there is neither pain nor tenderness of abdomen; pulse tranquil; bowels have not been open.

4th. Still without any pain, or alteration of character of pulse; but the bowels being still confined, he took half an ounce of castor oil.

5th. No pain whatever; the bowels have been freely open; wound exposed, and has quite healed. Ordered to resume his ordinary diet for which broth and arrow-root had been hitherto substituted.

On the Modification which the Blood undergoes during Inflammation. By MM. ROBERT-LATOUR and COLLIGNON.—The experiments of MM. Latour and Collignon were for the purpose of ascertaining the connection between the presence of fibrin in the blood and acute inflammation; and the investigations included the examination of arterial as well as of venous blood. These experimentalists drew, at the same moment, from a large dog, a quantity of arterial and of venous blood. The proportion of dry fibrin which the arterial blood furnished was found to be 0·20 per cent., while that of the venous blood was 0·25 per cent. Pleuro-pneumonic inflammation was then excited by the injection of a quantity of alcohol in the pleura; and, four days after, when the fever was high and the pulsation 190 in the minute, a second quantity of arterial and venous blood was again drawn. The arterial blood was now found to yield 0·40 per cent. of dry fibrin, and the venous 0·50 per cent.

A similar experiment was made on another dog with the same result, from which the authors conclude,

1st, That arterial, like venous blood, presents a notable increase of fibrin as soon as inflammatory action is set up.

2d, That the changes which the blood undergoes are the consequence, and not the cause of disease.—***Ibid., from Comptes Rendus de Seances de l'Academie des Sciences.***

Peritonitis following examination for Uterine Polypus.—At a recent meeting of the Société de Chirurgie, M. Lenoir presented the uterus of a woman, 55 years of age, who had been suddenly seized with peritonitis, the day after an examination, by which the presence of an uterine polypus in the vagina had been ascertained. She had been labouring under hemorrhage for seven or eight months. The existence of the polypus was ascertained without the slightest difficulty. M. Lenoir intended to have operated on the following day, but was prevented by the development of peritonitis, which carried off the patient within eight days.

M. Malgaigne narrated a similar case. He was called to Versailles to see a lady who was affected with uterine polypus. He practised the *toucher*, and recognised, without the slightest difficulty, the presence of a polypus, which he intended to have extirpated. The following day, however, she was seized with peritonitis and died.—*Gazette des Hôpitaux*, as quoted in *Lancet* of 26th July, 1845.

[When the parts are morbidly sensitive, examination by the toucher is always attended with more or less risk, and should, if possible, be delayed till this state has been removed, by rest and soothing treatment. Want of attention to this caution, a little accidental roughness in performing the toucher, or idiosyncrasy, are the causes of the occurrence of such cases as the above, which, though rare, teach a useful lesson.]—***London and Edinburgh Monthly Jour.***

Trial of Goule for murder:—Plea of Insanity. (*Northern Circuit.*)—Henry Louis Goule was indicted for the murder of his wife.

It appeared that the prisoner and his wife lived very unhappily together, in consequence of jealousy on the part of the former. He accused her of undue intimacy with different gentlemen.

On the 10th of June, the prisoner reached home about seven o'clock. After sitting for a short time, he rose hurriedly, buttoned his coat, and went out, at half-past seven. He was absent about an hour and a half. When he returned, he grinned at Mrs. Goule, who was then at the inside, and he at the outside, of the window. He then went in. He appeared a little flurried; but became calmer. Mrs. Goule sat at the window, in such a position as to see every one coming up the street on the opposite side. When the prisoner came in, he sat opposite Mrs. Goule: it was about half-past nine. He said to her sister-in-law, "Jane, do you think Emma innocent?" She replied, that she did. The deceased said, "You hurt me; you wound my pride, Henry; you doubt my virtue." At this she rose up. At that time there were two gentlemen coming up the street, on the opposite side. She said, "There is Mr. Scruton and Mr. Jepson, I will call them in and have this cleared up." He had often named Mr. Scruton to his wife, and to her sister-in-law. He said that Scruton was too familiar with his wife; and this he said several times. It was a frequent topic of conversation. The deceased went towards the door: the prisoner stood before her, and said,—"Don't." She said,—"I will." She then went to the door, which was ajar: and so did the prisoner, who attempted to stop her. The prisoner put his hand behind him, and pulled a pistol out of his right-hand pocket. He said, "Then, if you will, take this;" and he fired. She had put up her left arm between her and the pistol. The ball hit her left arm. She opened the front door, screaming out, "Oh God! I am shot." She crossed the street: the prisoner followed: without stopping, he took aim with another pistol at his wife. He fired, when running after her. A surgeon was called in; but on the 17th she died of lock-jaw.

The following is the substance of the exculpatory evidence:—

Mary Jane Gile, a relation of the prisoner, the principal witness for the prosecution, stated,—"Within the last fortnight the defendant complained very much of his head; I have often heard him say, he thought a wound in his head affected him."

Mr. Stoke, an assistant to a surgeon, said,—"Mr. Goule was wounded in the turmoil of the pitmen some time ago; it was a very serious wound; I was called in, when he was seized with a fit; since he received this wound, I have frequently seen him in an excited state."

Mr. Green, surgeon, said,—"The wound sustained by the prisoner on the occasion referred to by the last witness was of a very severe character. Before it was perfectly healed, he wandered away, and remained for some days. When he came back, he was in a very excited state. He has frequently been very wild in his eye, and eccentric in his manner since. It frequently happens, that persons who have had concussion of the brain are excited at intervals, and

lose all control over themselves. When the prisoner was in his senses, he was a very superior man."

Verdict, "Not Guilty, on the ground of Insanity."—*Ibid.*

OBITUARY.

The late Professor Graham of Edinburgh.—It is with sincere sorrow that we announce the death of this distinguished individual. The mournful event took place at Coldoch, in Perthshire, on the 7th of August, after a painful and protracted illness, which he bore with calmness and Christian fortitude.

Robert Graham, M.D., F.R.S.E., Professor of Botany and Medicine in the University of Edinburg, the third son of Dr. Robert Graham, afterwards Moir of Leckie, was born at Sterling, on 7th December, 1786.

In the first part of his career, he practised in Glasgow, where he was highly respected, and very popular. In 1818, he was appointed Professor of Botany in the University of that city. Previous to that time, there was no separate chair of Botany in Glasgow. The Professor of Anatomy, by his commission, was also Professor of Botany: he was bound to lecture on Anatomy during the winter, and on Botany during the summer session. Dr. Jeffray, the present Professor of Anatomy, lectured occasionally on Botany; but subsequently, a separate lectureship was established. Dr. Thomas Brown of Langfine held this office for some time. Before retiring, he asked Dr. Graham to lecture for him, which Dr. Graham declined to do, urging as an apology, the inadequacy of his Botanical knowledge; but ultimately, he was prevailed on to read Dr. Brown's lectures. On the resignation of Dr. Brown, the Crown instituted a distinct chair of Botany, and conferred it upon Dr. Graham, who was in the habit of referring to this appointment as an unexpected event, on which his future success in life depended. He held this office till his translation to the chair of Botany in the University of Edinburgh, in 1821. From this time, Dr. Graham devoted himself assiduously and successfully to Botanical pursuits. To his exertions, Edinburgh is in no small degree indebted, for the excellent Botanical Garden which she now possesses. By his enthusiasm and energy, as well as by his affable and pleasing manners, he did much to promote a taste for his favourite science, among the pupils of his class.—*London and Edinburgh Monthly Journal.*

We have to record the death of one of our oldest contributors, Dr. John Houston, M. R. I. A., ex-Curator to the Museum of the Royal College of Surgeons, and one of the Lecturers on Surgery in the School of Medicine, Park-street, which took place since the publication of our last Number. This talented member of the medical profession had laboured for many years, and not in vain, to advance the cause of zoological and anatomical science, and practical surgery, pathology, and general medical literature in Ireland. The recent date of the event precludes the possibility of a more extended notice; but we hope, in a future number, to bring a short summary of his writings before our readers.—*Dublin Journal.*